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A Dissertation Submitted in Fulfilment of the Requirement for the Degree
of
Doctor of Philosophy in History

TREATMENTS OF THE PAST
MEDICAL MEMORIES AND EXPERIENCES
IN POSTWAR EAST GERMANY

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Dr Stefan Goebel, Reader in Modern British History

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Abstract

This dissertation explores continuities and discontinuities in the transition of medical personnel from war to postwar and the subsequent persistence of cultural, medical, and social concepts of diseases in East Germany after 1945. The cities of Dresden and Leipzig constitute a particular focus of the work. Consequently, the analytical tool of ‘medical memories and experiences’ investigates how the past influenced postwar medical and social treatment of patients, and potentially affected the future career and private life of medical personnel in the new state.

Firstly, the thesis aims to demonstrate how doctors were able to negotiate and mitigate their past involvement in the Third Reich with local and state authorities, not least due to the health crisis in postwar East Germany. Secondly, it argues that the continuity of health officials and doctors from the war into the postwar period had a direct impact on the medical and social experience of patients with venereal diseases. Thirdly, the study also illustrates how East German authorities medicalised any ‘deviant behaviour’ of the ‘war youth’ and often confined adolescents in social and medical institutions for re-socialisation. Finally, this dissertation examines the *Fürsorgeheim Leuben*, in which Dresden’s ‘delinquent children’ and ‘promiscuous women’ were inmates. While clarifying the analytical use of ‘medical memories and experiences’, the concluding analysis reveals that this institution is an example of the persistence of socially constructed diagnoses, which influenced treatments and experiences of apparently ‘deviant’ people in East Germany after 1945.

This dissertation is located at the intersection of different historiographies, such as memory studies, postwar, social, cultural and East German history, and makes a twofold

contribution to these fields: arguing, firstly, that postwar East Germany was not a monolithic, Soviet-dominated construct. Secondly, 1945 was not a watershed regarding the perception of 'deviance' by local health and social authorities, the methods utilised by doctors to treat diseases, the experiences of patients in medical institutions, and the ideas on morality within the population. This study demonstrates the necessity of an interdisciplinary methodology to differentiate the history of everyday life in the German Democratic Republic with the help of microcosm studies. Thereby, it contributes to the recent scholarship that aims to overcome the emotionally loaded and often political approaches of over twenty-five years of historical inquiry into the East German political system and society.

Gewidmet meinem Großvater
*Max Joachim Wahl (*1925 – †2012)*

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As a non-native speaker, I sometimes struggled to express my ideas as clearly as possible in the English language. Therefore, I am particularly grateful for the help of my proof-readers and friends, who were happy to sacrifice some time and sweat to look over my abstract ideas. Above all I want to thank my friend Grant Goszik, who spent every lunch hour during Summer 2016 to discuss my overly complex sentences over caffeine. Additionally, my gratitude goes to the great work of Dr Stuart Palmer, who gave the last polish to my thesis. However, the input of my friends Dr Jack Davies, Dr Charlie Hall, Camille Merlen, Stephanie Obermeier, and Tony Pratley was also very appreciated as they helped me bring the chapters into shape.

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“I did that,” says my memory. “I could not have done that,” says my pride, and remains inexorable. Eventually—the memory yields.

“Das habe ich gethan” sagt mein Gedächtniss. Das kann ich nicht gethan haben—sagt mein Stolz und bleibt unerbittlich. Endlich—giebt das Gedächtniss nach.

Friedrich Nietzsche, *Jenseits von Gut und Böse*, JGB 68, 1886

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Abbreviations

Abbreviation	Original Name	English Translation
Aufn.-Nr.	<i>Aufnahmenummer</i>	Number of the Picture
BArch	<i>Bundesarchiv</i>	Federal Archive of Germany
BDC	<i>Berlin Document Centre</i>	Berlin Document Centre
BDM	<i>Bund Deutscher Mädel</i>	German Girls' League
Bl.	<i>Blatt</i>	Page
BStU	<i>Der Bundesbeauftragte für die Unterlagen des Staatssicherheitsdienstes der ehemaligen Deutschen Demokratischen Republik</i>	The Federal Commissioner for the Files of the State Security Service of the former German Democratic Republic
BV	<i>Bezirksverwaltung</i>	Regional Administration of the MfS
CDU	<i>Christlich-Demokratische Union Deutschlands</i>	Christian Democratic Union of Germany
DAF	<i>Deutsche Arbeitsfront</i>	German Labour Front
DFD	<i>Demokratischer Frauenbund Deutschlands</i>	Democratic Women Association of Germany
DHDM	<i>Deutsches Hygiene Museum Dresden</i>	German Hygiene Museum in Dresden
DJV	<i>Deutsches Jungvolk</i>	German Youth Folk
DM	<i>Deutsche Mark</i>	German Mark
DRK	<i>Deutsches Rotes Kreuz</i>	German Red Cross
DSF	<i>Gesellschaft für Deutsch–Sowjetische Freundschaft</i>	German–Soviet Friendship Association
DVJ	<i>Deutsche Vereinigung für Jugendpsychiatrie</i>	German Association for Youth Psychiatry
DZVJ	<i>Deutsche Zentralverwaltung der Justiz [DJV]</i>	German Central Administration of Justice
DZVGW	<i>Deutsche Zentralverwaltung für Gesundheitswesen</i>	German Central Administration of Healthcare
FDGB	<i>Freier Deutscher Gewerkschaftsbund</i>	Free German Trade Union
FDJ	<i>Freie Deutsche Jugend</i>	Free German Youth
FRG	<i>Bundesrepublik Deutschland [BRD]</i>	Federal Republic of Germany
GDR	<i>Deutsche Demokratische Republik [DDR]</i>	German Democratic Republic
HJ	<i>Hitlerjugend</i>	Hitler Youth
hwG	<i>häufig wechselnden Geschlechtsverkehr/ -partner</i>	frequent promiscuous behaviour

HA IX/ 11	<i>Hauptabteilung IX/ 11 des MfS</i>	Head Department IX/ 11 of the MfS; responsible for discovering Nazi and war-crimes
HA XX	<i>Hauptabteilung XX des MfS</i>	Head Department XX of the MfS; responsible for the areas of medicine, culture, education, post, church, party organisations and the general state apparatus
IM	<i>Inoffizieller Mitarbeiter des MfS</i>	Unofficial collaborator of the MfS
LDPD	<i>Liberal-Demokratische Partei Deutschlands</i>	Liberal Democratic Party of Germany
MfG	<i>Ministerium für Gesundheitswesen</i>	Ministry of Healthcare
MfS	<i>Ministerium für Staatssicherheit [Stasi]</i>	Ministry of State Security
MVD	<i>Министерство внутренних дел</i>	Soviet Interior Ministry
NDPD	<i>National-Demokratische Partei Deutschlands</i>	National Democratic Party of Germany
NSÄB	<i>Nationalsozialistischer Ärztebund</i>	National Socialist Doctors' Association
NSDAP	<i>Nationalsozialistische Deutsche Arbeiterpartei</i>	National Socialist German Workers' Party
NSFK	<i>Nationalsozialistisches Fliegerkorps</i>	National Socialist Flyers Corps
NSV	<i>Nationalsozialistische Volkswohlfahrt</i>	National Socialist People's Welfare
NVA	<i>Nationale Volksarmee</i>	National People's Army
POW	<i>Kriegsgefangener</i>	Prisoner of War
PTSD	<i>Posttraumatische Belastungsstörung</i>	Post-Traumatic Stress Syndrom
RHE	<i>Rechtshilfeersuchen</i>	Rogatory Letter
SA	<i>Sturmabteilung</i>	Storm Unit
SBZ	<i>Sowjetische Besatzungszone</i>	Soviet Occupied Zone of Germany
SED	<i>Sozialistische Einheitspartei Deutschlands</i>	Socialist Unity Party of Germany
SLUB	<i>Sächsische Landesbibliothek, Staats- und Universitätsbibliothek Dresden</i>	Saxon State's Library, National and University Library Dresden
SMAD	<i>Sowjetische Militäradministration in Deutschland</i>	Soviet Military Administration in Germany
SMAS	<i>Sowjetische Militäradministration in Sachsen</i>	Soviet Military Administration in Saxony
SS	<i>Schutzstaffel</i>	Protection Squadron
StA DD	<i>Stadtarchiv Dresden</i>	City Archive Dresden
StA Lpz	<i>Stadtarchiv Leipzig</i>	City Archive Leipzig
STD	<i>Geschlechtskrankheiten</i>	Sexually Transmitted Disease

SU	<i>Sowjetunion</i>	Soviet Union
Tbc	<i>Tuberkulosis</i>	Tuberculosis
UFJ	<i>Untersuchungsausschuss Freieillicher Juristen</i>	Inquiry Committee of Liberal Jurists
UK	<i>Vereinigtes Königreich</i>	United Kingdom
USA	<i>Vereinigte Staaten von Amerika</i>	United States of America
VP	<i>Volkspolizei</i>	People's Police
WBZ	<i>Westzone</i>	Western Occupied Zone of Germany
ZAIG	<i>Zentrale Auswertungs- und Informationsgruppe</i>	Central Analysis and Information Group of the MfS

Translation note

Unless otherwise noted or cited, all translations from German in this thesis are my own. The original German quotations, used in this dissertation, are listed in the Appendix 2 (pp. 320–27) as reference for the reader. Bloc and entry quotations, however, will always be provided in the footnotes.

Disclaimer

Terms and phrases in inverted commas indicate the author's awareness of their ambiguous or ideological character, their political incorrectness, and colloquial nature. However, it was important to use contemporary language to capture the voices and mentalities of the people. Direct citations are always in quotation marks.

INTRODUCTION

MEDICAL MEMORIES AND EXPERIENCES



In July 1958, the *Ministerium für Staatssicherheit* [Ministry of State Security – MfS] of the *Deutsche Demokratische Republik* [German Democratic Republic – GDR] in Sebnitz, near Dresden, was informed about a doctors’ gathering in a restaurant. The MfS informant reported that the adverse opinions of one tuberculosis clinician stood out, specifying:

Regarding the last doctors’ congress in Leipzig, Dr [Otto]¹ stated that the Healthcare Minister, [Luitpold] Steidle allowed himself quite a lot there [in his speech attacking doctors]. After all, [Steidle] was also a Nazi since 1928 and eventually became [*Wehrmacht*] Colonel. [Otto] wondered how a human being like Steidle ‘can betray his conviction’ [...] [and] sell himself to be the Healthcare Minister today and that, above all, in the GDR.²

According to Otto, the new Health Minister—who had no medical training³—“stabbed the others [his comrades] in the back”.⁴ Like Steidle and many of the medical profession, Otto participated in the Second World War and had been an active member of the *Nationalsozialistische Deutsche Arbeiterpartei* [National Socialist German Workers’ Party –

¹ The name was made anonymous due to public and archival restrictions. Therefore, the fictitious name Dr Otto will be used to enhance comprehension in the following.

² “Über den letzten Ärztekongreß in Leipzig äußerte der Dr. [Otto], daß der Minister für Gesundheitswesen, Steidle sich dort ziemlich viel erlaubt habe. Er sei ja auch seit 1928 Nazi gewesen und schließlich noch Oberst. Er wunderte sich, wie ein Mensch wie Herr Steidle ‘seine Gesinnung verraten kann’ [...] [und] heute sich dazu hergibt, Minister für Gesundheitswesen zu machen und noch in der DDR [sic]”. ‘Informationsbericht, 1. Juli 1958’: BStU, MfS, BV Dresden, KD Sebnitz, 4409, Teil 1, Bl. 19.

³ For Luitpold Steidle’s (*1898 – †1984) biography and MfS file, see ‘Steidle, Luitpold (CDU), 20. Juni 1960’: BStU, MfS, HA XX, 5752, Bl. 158–61.

⁴ ‘Informationsbericht, 1. Juli 1958’: BStU, MfS, BV Dresden, KD Sebnitz, 4409, Teil 1, Bl. 19.

NSDAP]. Otto's anger reveals that the medical profession had always formed a strong social bond among its members, and was thus able to fend off state infiltrations and accusations, as well as lobby for concessions and professional rights. In his speech at the congress, however—which the GDR initiated as a counter-event to the doctors' conference that took place in West Germany in 1958—Steidle argued in concordance with the *Sozialistische Einheitspartei Deutschlands* [Socialist Unity Party of Germany – SED]. He attacked both the involvement of doctors in the Third Reich, but also their 'class consciousness' and excessive financial and social demands, and consequently caused the protest of the pneumatologist.⁵

Despite the de-Nazification efforts of East German and Soviet authorities, the case highlights a certain continuity regarding both state authorities and local doctors after 1945. This smooth transition of personnel ultimately meant a continued existence of medical concepts, clichés, stigmatisations, and prejudices that formed part of the medical personnel's medical memories. Moreover, these persistent mentalities and professional views, manifested in a doctor's person, also had a direct impact on the treatment, doctor–patient relationship, and consequent medical experience of people within health clinics across the GDR. For the state, this was an important fact, as the healthcare system was crucial to East Germany's legitimacy: a tool with which to implement the new vision of society, to demarcate itself from Western systems, and supports the claim to superiority in the context of the Cold War. Accordingly, the GDR wanted to ensure that all interactions in a doctor's examination room adhered to socialist doctrines. Such an ideal, however, never reflected the reality.

⁵ It was not possible to find the concrete reason for Otto's criticism, but Steidle's attack on the Nazi past of many doctors appears in this context as the most logical. 'Bericht über die Lage im Gesundheitswesen, 29. August 1958': BStU, MfS, ZAIG, 122, Bl. 40–41. For a similar interpretation of these sources, see Melanie Arndt, *Gesundheitspolitik im geteilten Berlin, 1948 bis 1961* (Cologne: Böhlau, 2009), p. 183.

To understand this briefly outlined situation regarding the medical profession, as well as the patient's experience with medical practices, and the importance of the healthcare system for the GDR's narrative, this thesis establishes the theoretical framework of medical memories and experiences and utilises wide-ranging and interdisciplinary scholarship to investigate archival sources. This introduction clarifies this approach by, firstly, providing the theoretical background and application of medical memories and experiences in this study, before, secondly, exploring broader historiographical debates in postwar studies, GDR history, and medical history for this particular topic. The final introductory comments comprise a discussion of sources, exploring the benefits and pitfalls of the various archival sources used and an overview of the content of the following chapters.

'Treatments of the Past', as this dissertation is titled, captures the impact of the past on people's present in three particular contexts. Firstly, it reveals the strategies taken by doctors to 'treat' their Nazi past and adapt to the new system. Furthermore, it shows the opportunistic behaviour that enabled them to avoid professionally and personally any disruptions throughout the postwar period. This endeavour was often not only tolerated by the state, but doctors also found support from authorities to 'sanitise' their past. Secondly, this study explores how the resulting continuity of medical personnel influenced medical and social treatments of patients who suffered from sexually transmitted diseases [STDs]. Despite medical advances and new curative and less harmful drugs, many patients, mainly women, would receive out-dated treatments—treatments from the past—which were applied to educate the stigmatised STD sufferer. Thirdly, the thesis shows that the same was true for the 'war children' who had been psychologically and physically affected by the Second World War and its aftermath. However, their medical past in the

form of disease, loss, malnutrition, and violence was not treated but instead incorporated into the state narrative to justify the road to Socialism.

This analysis of how medical memories had an impact on medical experiences of patients in postwar East Germany concludes with a case study of the Leuben Care Home in Dresden. Here, all three examined strands—incriminated doctors, stigmatised, syphilitic women, and ‘socially deviant’ children—are drawn together. This institution illustrates that the state narrative and claims were often curtailed, interpreted, and implemented in line with local needs—and consequently, patients’ medical experiences differed according to locality, officials in charge, doctors, and the mentality of the general public. Therefore, the focus on Leipzig and especially Dresden creates a microcosm that exposes details that a nationwide approach would fail to encompass: these two cities, however, capture the war and postwar experiences of other bombed metropolises within Germany. The reason for limiting the view to urban areas is the greater number of people and increased intensity of medical memories and experiences in such areas. Due to these circumstances, it was more likely that their experiences were echoed in archival sources, and cities thus provide a broader basis for this investigation than villages.⁶

These limitations notwithstanding, the thesis makes a twofold contribution to the historiography. Firstly, it argues that postwar East Germany was not a monolithic, Soviet-dominated construct. Instead, all four levels⁷ of the concept of medical memories and experiences reveals the agency people had, even as a care home inmate. Therefore, the East German postwar narrative was not solely dictated by the state, but also twisted and

⁶ Jay Winter comes to the same conclusion that cities were sites of dense experience of total war. Jay Winter, ‘Conclusion: Metropolitan History and National History in the Age of Total War’, in *Cities into Battlefields. Metropolitan Scenarios, Experiences, and Commemorations of Total War*, ed. by Stefan Goebel and Derek Keene (Farnham: Ashgate, 2011), pp. 219–23.

⁷ The four levels of the concept of medical memories and experiences are composed of the state, institution, mnemonic community, and individual, which is explained in detail in the next section of the introduction.

used according to medical memories and experiences at the local level. Secondly, 1945 does not represent a decisive rupture in the perceptions of ‘deviance’ by local health and social authorities, in the methods utilised by doctors to treat diseases, the experiences of patients in medical institutions, and ideas on morality within the population. Therefore, this dissertation investigates the postwar years, roughly from 1945 to 1961, yet avoids relying on so-called historically determined watersheds to reveal developments beyond this fixed period.⁸

The concept of medical memories and experiences demonstrates that mentalities and morals concerning social constructions of diagnoses and medical concepts had a persistence that led to unexpected continuities at the local level. Despite political changes and ideological claims at the state level, the denunciation and stigmatisation of people with STDs remained a common medical experience in cities like Dresden and Leipzig in postwar East Germany.⁹ Therefore, the combination of medical history and memory studies is an innovative step to establish a new perspective into this part of history. The following section investigates the theoretical basis of this assertion by discussing memory studies and illustrating the specifics of medical memories and experiences as an analytical tool for this dissertation.

⁸ As Henry Rousso emphasises, the war did not end for everyone on 8 May 1945. The effects of loss, for example, shaped people’s lives much longer than the actual war and thus prolonged, and individualised, the duration of the postwar period. Henry Rousso, ‘A New Perspective on the War’, in *Experience and Memory: The Second World War in Europe*, ed. by Jörg Echternkamp and Stefan Martens (New York: Berghahn Books, 2010), pp. 1–9. For a study that questions these historical caesuras on the example of burial ceremonies from the Weimar Republic onwards, see Monica Black, *Death in Berlin: From Weimar to Divided Germany* (Cambridge: Cambridge University Press, 2010); Monica Black, ‘Reburying and Rebuilding: Reflection on Proper Burial in Berlin After “Zero Hour”’, in *Between Mass Death and Individual Loss: The Place of the Dead in Twentieth-Century Germany*, ed. by Alon Confino, Paul Betts, and Dirk Schumann (New York: Berghahn Books, 2008), pp. 69–90.

⁹ Monica Black, for example, reveals continuities and mentalities of burial and mourning rituals in Berlin from the Weimar Republic until the division of Germany. Black, *Death in Berlin*.

1.1 Medical Memories and Experiences

The concept of medical memories and experiences is at the heart of the methodological approach of this dissertation. The following discussion provides a brief conceptual overview of underlying theories, which have been used and applied in this thesis. It argues that medical memories in the form of the state narrative, medical profession's perception of diseases, layout and equipment of institutions, and the attitudes and skills of individual doctors had an effect on the medical experiences of patients in the everyday context of postwar East Germany. In this way, this dissertation contributes to the ever growing literature on memory with a clearly defined concept that reveals the dependency of contemporary medical practice on its past for this particular postwar context. Furthermore, it situates the GDR healthcare system in broader socio-political developments of the nineteenth and twentieth centuries.

Over the last decades, memory studies have boomed, producing a diverse, often contradictory, terminology.¹⁰ For this thesis, the works of Aleida Assmann and Jay Winter are central to this theoretical concept, which is split into four overlapping, mutually dependent, but still separable levels: individual memory, mnemonic community, institutional memory, and the state narrative.¹¹ The following three chapters address all these

¹⁰ Stefan Goebel notes that “communication in academia about memory has become increasingly difficult because the central term has different meanings to different authors”. Stefan Goebel, *The Great War and Medieval Memory: War, Remembrance, and Medievalism in Britain and Germany, 1914–1940* (Cambridge: Cambridge University Press, 2007), p. 14. The problem is complicated due to the fact that ‘memory’ has also different connotations in different languages and cultures. Jay Winter and Emmanuel Sivan, ‘Setting the Framework’, in *War and Remembrance in the Twentieth Century*, ed. by Jay Winter and Emmanuel Sivan (Cambridge: Cambridge University Press, 1999), pp. 6–39 (p. 6). The studies from this field’s appointed founders, Maurice Halbwachs and Pierre Nora, were also too dependent on particular conditions or nations to offer universal tools and terms for memory concepts. Maurice Halbwachs, *On Collective Memory*, trans. by Lewis A. Coser (Chicago: University of Chicago Press, 1992); *Rethinking France: Les Lieux De Mémoire. Volume 4. Histories and Memories*, ed. by Pierre Nora (Chicago: University of Chicago Press, 2010). Winter, however, refutes the assumptions and findings of Pierre Nora. Winter and Sivan, ‘Setting the Framework’, pp. 1–3; Jay Winter, ‘Thinking About Silence’, in *Shadows of War: A Social History of Silence in the Twentieth Century*, ed. by Efrat Ben-Ze’ev, Ruth Ginio, and Jay Winter (Cambridge: Cambridge University Press, 2010), pp. 3–31 (p. 9).

¹¹ This separation is based on the suggestions of Aleida Assmann, *Der lange Schatten der Vergangenheit: Erinnerungskultur und Geschichtspolitik* (Munich: Beck, 2006), pp. 24–61.

categories, while the final chapter of the thesis applies this framework to a case study, illustrating avenues for future research.

Every individual has memories that shape his or her identity, and thus are indispensable for his or her social activity.¹² However, Maurice Halbwachs suggested that within memories “the past is not preserved but is reconstructed on the basis of the present”, not least due to its cognitive psychological characteristics.¹³ Events leave behind memory traces in the brain, which are recalled in certain contexts, such as a smell, a surrounding, and similar triggers. However, these traces never reproduce a precise copy of the actual past event. They are overwritten, reinterpreted, and manipulated throughout a person’s life.¹⁴ According to Peter A. Levine, the outcome of reconstructing memories is that they lose accuracy, but gain relevance for the current context and a possible future situation.¹⁵ Therefore, memories are always subjective and, as Halbwachs concluded, “[t]here is hence no memory without perception”.¹⁶ His statement is compliant with Assmann’s classification of four interrelated individual memory characteristics. Firstly, every person creates his own ideology and identity, derived from his perceptual reality, that distinguishes one from others. Secondly, individual memory cannot exist without social activity and therefore is always linked to other people’s past.¹⁷ Assmann’s last two characteristics are the biological limitations in its comprehensiveness, and the fragility of memories when facing adaptation, fading, or even erasure, which are important features that any historical investigation needs to address.¹⁸

¹² Assmann, *Der lange Schatten der Vergangenheit*, p. 24.

¹³ Halbwachs, *On Collective Memory*, p. 39.

¹⁴ Winter and Sivan, ‘Setting the Framework’, pp. 11–13.

¹⁵ Peter A. Levine, *Trauma and Memory: Brain and Body in a Search for the Living Past. A Practical Guide for Understanding and Working with Traumatic Memory* (Berkeley: North Atlantic Books, 2015), p. 141. As Puleng Segalo explains, “[m]emory is an active process of creating meaning from past events”. Puleng Segalo, ‘Trauma and Gender’, *Social and Personality Psychology Compass*, 9 (2015), 447–54 (p. 453).

¹⁶ Halbwachs, *On Collective Memory*, p. 169.

¹⁷ Assmann, *Der lange Schatten der Vergangenheit*, p. 24. Halbwachs also indicated that “no memory is possible outside [social] frameworks”. Halbwachs, pp. 40–43, here 43.

¹⁸ Assmann, *Der lange Schatten der Vergangenheit*, pp. 24–25; Winter, ‘Conclusion’, pp. 219–20.

For this thesis, the concept of individual medical memories follows the outlined theoretical background by assuming that everyone has a personal medical history and potentially experienced injuries, diseases, and mental illnesses, especially during and after the war.¹⁹ Moreover, the study analyses subsequent experiences of patients with the healthcare system and its personnel. These encounters included the availability or unavailability of medical care and treatment, implementation of coercion, such as forced sterilisation or hospitalisation, as well as the individual's public exposure, abuse, and other violations of ethical principles and personal integrity. All these experiences determined how patients viewed their doctor after the war and thus capture the impact of medical memories and experiences on the doctor–patient relationship.

The individual memories of a physician are also pertinent for this level. However, the medical practice of a doctor was shaped by numerous factors, such as the continued existence of health concepts and acquired skills in the form of medical memories, as well as the experience of the limited availability of facilities or equipment and the ability or inability to help people during and after the war. Additionally, their involvement—direct or indirect—in medical crimes and unethical experiments in the Third Reich brought the potential of their subsequent prosecution and loss of position, something which influenced their individual identity formation. These examples are taken from a great variety of experiences that potentially formed the self-perception of people and thus their adaptation strategies to come to terms with their past and selectively create a life-narrative during the postwar era. In summary, the category of individual medical memories assembles the individual medical history, as well as medicine related experiences inside and outside of medical institutions, either as patient or medical personnel.

¹⁹ Assmann, *Der lange Schatten der Vergangenheit*, pp. 93–94; Winter and Sivan, 'Setting the Framework', pp. 15–16.

As Hannah Arendt observed, “[e]very man is born into a community with pre-existing laws which he ‘obeys’ first of all because there is no other way for him to enter the great game of life”.²⁰ Her statement leads to the second level of medical memories and experiences: mnemonic communities. These associations are the Halbwachsian ‘frameworks’ in which the memories of a person are embedded and thus part of their social remembrance.²¹ Therefore, mnemonic communities, in the form of families, local communities, or professional networks, are, as Francesca Cappelletto notes, formed through selected traditions, experiences, and remembrances that are preserved and shared among its members. However, this social bond could also be based on a traumatic event, such as the massacre in an Italian village during the Second World War that Cappelletto uses as a case study. Thereby, a mnemonic community could appear as a homogenous group that pursues interests common to all its members. However, Cappelletto clarifies that “they are not understood [...] as corporate groups, as politically and ideologically unified wholes” because every individual is still part of other frameworks, the combination of which shapes people’s specific and distinctive personalities.²² In general, a mnemonic community can be local, national, or international in its scope, yet, for Assmann, the term is only applicable to a group, institution, or association if they “produce strong ties of loyalty accompanied with a strong unified We-identity”.²³ Consequently, the principal characteristic of remembrance activities of mnemonic communities is their conscious creation for an unlimited period and their narrow content selection.²⁴

²⁰ Hannah Arendt, *On Violence* (New York: Harcourt Brace, 1970), p. 97.

²¹ Halbwachs, *On Collective Memory*, p. 61.

²² Francesca Cappelletto, ‘Introduction’, in *Memory and World War II: An Ethnographic Approach*, ed. by Francesca Cappelletto (Oxford: Berg, 2005), pp. 4–5, here 4; Wulf Kansteiner, ‘Finding a Meaning in Memory: A Methodological Critique of Collective Memory Studies’, *History and Theory*, 1 (2002), 179–97 (p. 189).

²³ Assmann, *Der lange Schatten der Vergangenheit*, p. 36.

²⁴ *Ibid.*, pp. 36–37.

For the concept of medical memories and experiences, mnemonic communities describe how different generations, professions, or societal stakeholders justify the continuation of Nazi criminal laws, establish the status as the ‘forgotten and traumatised war children’, or defend the use of medicine as deterrence for suspected ‘promiscuous’ people, with their medical memories. Against this theoretical background, the thesis identifies not only the persistence of medical concepts in the form of individuals, but also the conscious selection, silencing, and enforcing of medical memories by mnemonic communities such as the medical profession. Their established narrative influences the individual memories of its members and potentially reconfigures their identity that ultimately causes their integration into a social remembrance framework. Moreover, doctors legitimise their medical practice from the narrative and its political strategies, created by the medical profession that has an impact on the medical experiences of patients.

Nevertheless, alongside people, social organisations, professions, and states, institutions also carry ‘memories’. Apart from the use of symbols, as Alon Confino shows for traditional *Heimat* [place of birth, belonging, or identity] illustrations in the GDR, monuments and buildings alongside their equipment and furniture represent a break or continuity with the past.²⁵ For the private sphere, Paul Betts has provided a pioneering work by exploring the changes in the interior design of the living room—a place for relics of the past, memories, and the new system—during the existence of the East German state.²⁶ For the public sphere, the *lieux de mémoire*, as described by Pierre Nora, reveal remembrance culture and how the urban landscape is shaped in line with political, ideological, cultural, and local perceptions.²⁷ One example is the politically-motivated re-naming of

²⁵ Alon Confino, *Germany as a Culture of Remembrance: Promises and Limits of Writing History* (Chapel Hill, N.C.: University of North Carolina Press, 2006), pp. 93–113.

²⁶ Paul Betts, *Within Walls: Private Life in the German Democratic Republic* (Oxford: Oxford University Press, 2010), pp. 6, 119–47.

²⁷ Pierre Nora, ‘Introduction’, in *Rethinking France. Les Lieux De Mémoire. Volume 4. Histories and Memories*, ed. by Pierre Nora (Chicago: University of Chicago Press, 2010), pp. VII–XIV (pp. VII–XIV).

streets following political changes, a way in which selected famous people or oppositional members of former political systems are manifestly remembered.²⁸ Therefore, in the same way as individual or mnemonic community narratives, architecture is used as a ‘carrier of remembrance’: it is a reference point for contemporaries that always carries a political intention with it.²⁹ By contrast, the destruction, and erasure, of appointed parts of a city’s architectural amalgam supports the desired silence or even oblivion of certain aspects of the past.³⁰ Both the physical construction and demolition of artefacts are visual tools for remembrance activities of groups or the state to legitimise the present or future through a selected history.

This dissertation proposes two forms of institutional memory. Firstly, a building is designed according to contemporary knowledge and opinions—such as the effect of environment upon healing³¹—which means a ‘building in’ of memories. Later, the building might be changed and extended, like the urban landscape, reconfiguring not only its composition but also its memories. This process is similar to the human brain, which can never reproduce the exact copy of an event. However, structural changes are also limited by memories represented by existing layout and architecture. The demolishing of a building, however, signifies the erasure of spatial memory. In this study, the medical memories of an institution include its layout, interior, and the used medical devices and equipment that influence the medical experiences which patients and medical personnel have within

²⁸ In East German cities, streets were renamed for four times during the twentieth century: 1918, 1933, 1945, and 1989. For a contemporary documentary about the street-renaming in Dresden in 1991 after the reunification of Germany, see the short film of Daniel Glaser, *Dresden ’91: Ein Beitrag zur Dialektik* (Germany, Switzerland: Filminitiative Dresden, 1991). My thanks go to the producer and artist Daniel Glaser, who kindly sent me a copy of this film.

²⁹ Aleida Assmann, *Geschichte im Gedächtnis: Von der individuellen Erfahrung zur öffentlichen Inszenierung* (Munich: Beck, 2007), p. 96.

³⁰ Winter, ‘Thinking About Silence’, p. 21.

³¹ For the medical concept of environmentalism and its reflection in asylum architecture, see David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown & Company, 1971); Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis, M.N.: University of Minnesota Press, 2007).

an institution.³² The second characteristic of institutional memory are the concepts and memories projected on a building by the state, local officials, communities, or individuals. For example, even if the institution's name changes throughout its existence, its memories in the form of its past, location, and its address evokes associations among the people according to their experiences with, and knowledge about, this place. Moreover, spaces, like the Care Home Leuben, always provide a purpose for the local government and the state. Therefore, authorities include this institution into their narratives to justify its existence and the confinement of 'socially deviant' people, which the last level of the concept of medical memories and experiences, the state narrative, addresses.

The nineteenth-century nation-state theorist Ernest Renan declared that "[t]he forgetting—I would almost say: the historical aberration—plays in the creation of a nation an important role, and therefore the progress of the historical sciences is often a threat to the nation".³³ This quotation has been valid for states ever since. Governments often attempt to establish a 'master narrative' and remembrance practices that reinforce power relations, and stabilise the current political system—and thus aim to create a 'collective identity' for their citizens. However, the term 'collective' homogenises individual experience and memories, which led to the critique and often the refusal of Halbwachsian's 'collective memory' in recent literature.³⁴ The state narrative, which is based on individual memories, as well as the family, generational, and mnemonic community frameworks,

³² For a comparison regarding the interior of the private space and the interactions with the people who live there, see Betts, *Within Walls*, pp. 119–47.

³³ Ernst Renan, 'Was ist eine Nation? Vortrag, gehalten an der Sorbonne am 11. März 1882', in *Was ist eine Nation? Und andere politische Schriften*, ed. & trans. by Henning Ritter and Walter Euchner (Wien: Folio, 1995), pp. 41–58 (p. 45).

³⁴ Winter and Sivan, 'Setting the Framework', pp. 6, 9; Jay Winter, *Remembering War: The Great War Between Memory and History in the Twentieth Century* (New Haven: Yale University Press, 2006), p. 276; Cappelletto, 'Introduction', pp. 8–9; Goebel, *The Great War and Medieval Memory*, p. 17; Dorothee Wierling, 'The War in Postwar Society: The Role of the Second World War in Public and Private Spheres in the Soviet Occupation Zone and Early GDR', in *Experience and Memory: The Second World War in Europe*, ed. by Jörg Echternkamp and Stefan Martens (New York: Berghahn Books, 2010), pp. 214–28 (p. 214).

contains highly differentiated remembrance practices and interpretations. Winter identifies this area as the “civil society” that is influenced, but far from dominated, by either the authoritarian or democratic state.³⁵ Instead, this level contains a continuous struggle of various, but often unequally powerful, agents, such as stakeholders, communities, professional associations, or the state, over the subject and form of commemoration practices. In his book, *Secret Science*, Ulf Schmidt refers to these often state-dominated agents who determine forms of commemoration. His chapter on the ‘politics of medical memories’ for the cases of the Porton Down veterans exposes the biased nature of the UK ‘master narrative’. The state consciously excluded the victims of their chemical and biological warfare experiments, as they had no place in the overall heroic commemoration of the twentieth-century world wars.³⁶ However, Stefan Goebel’s comparison of the negotiation between different agents, and not limited to the state, with the market system is valuable as these stakeholders interfere with each other in a ‘supply and demand relationship’ within civil society.³⁷ Therefore, this level describes a heterogeneous state narrative or commemoration practices that are greatly influenced by all other levels of the concept of medical memories.³⁸

For a state, this complex edifice of commemoration is both the guard of, and challenger to, ‘social norm’ and ‘behaviour’. This conceptualization is a bridge to the sociological studies of Erving Goffman, with whom this dissertation critically engages. Memories in the form of traditions and societal expectations—described by Goffman as the required social conduct when publicly encountering other people, or the respect of

³⁵ Winter and Sivan, ‘Setting the Framework’, pp. 28–33; Winter, *Remembering War*, p. 276.

³⁶ Ulf Schmidt, *Secret Science: A Century of Poison Warfare and Human Experiments* (Oxford: Oxford University Press, 2015), pp. 408–63.

³⁷ Goebel, *The Great War and Medieval Memory*, pp. 17–18.

³⁸ Winter and Sivan, ‘Setting the Framework’, pp. 27–28; Winter, *Remembering War*, p. 287.

hierarchical and social organisations—are decisive in creating a common identity. However, this socially constructed order also defines and condemns ‘abnormal behaviour’ and ‘social deviance’ to protect social occasions from disturbances. As such the sociological studies of Goffman are integral for the following analysis.³⁹ One example of an enforced social order is the practice of silence, illustrated in this thesis by the biased ‘postwar silence and narratives’. On the one hand, as Konrad H. Jarausch and Dorothee Wierling note, hunger, rape, bombing, fleeing, and even rebuilding were predominantly remembered in the first decades after the war, since they were experiences shared by a majority of the German population.⁴⁰ On the other hand, however, the Holocaust, the exclusion and deportation of minorities, and other crimes against humanity had no role in postwar commemoration. One reason for disregarding the Third Reich’s victims was that, as Henry Rousso emphasises, the state of war continued for many beyond 8 May 1945; with the loss of housing and relatives, for example, continuing to determine the narrative of people’s lives for a period longer than the duration of the conflict.⁴¹

However, it is not only personal affection, but also part of Winter’s ‘political or strategic silences’ that helps to explain this bias in the aftermath of the Second World War. According to Winter, political or strategic silences are creations of a group, state, or the international community to suppress tensions in society over facets of the past and secure ‘social order’—a fact that can equally be identified for East Germany.⁴² The state

³⁹ Erving Goffman, *Behavior in Public Places: Notes on the Social Organization of Gatherings* (New York: The Free Press, 1985); Erving Goffman, *The Presentation of Self in Everyday Life* (New York: Anchor, 1959); Erving Goffman, *Frame Analysis: An Essay on the Organization of Experience* (Harmondsworth: Penguin Books, 1975).

⁴⁰ Konrad H. Jarausch, ‘Living with Broken Memories: Some Narratological Comments’, in *The Divided Past: Rewriting Post-War German History*, ed. by Christoph Klessmann (Oxford: Berg, 2001), pp. 171–98 (pp. 179–81, here 180); Wierling, ‘The War in Postwar Society’, p. 216.

⁴¹ Rousso, ‘A New Perspective on the War’, pp. 5–8.

⁴² Winter, ‘Thinking About Silence’, p. 5; Konrad H. Jarausch, *After Hitler: Recivilizing Germans, 1945–1995*, trans. by Brandon Hunziker (New York: Oxford University Press, 2008), p. 270.

provided a socially constructed framework of silence for its population as postwar guidance to adapt their lives to, and thus a space to integrate into, the new political system—not least, by serving the widespread ‘willingness to forget’ the Third Reich and Second World War.⁴³ The selective commemoration was supposed to gain the required legitimacy among the population for both East and West Germany after their formation in 1949.⁴⁴ However, the narrative, desired by the state, was unachievable. According to Jarausch, the postwar consumer culture, such as “the exciting purchase of the first car, whether VW beetle or Trabi”, rather than the political transformations, became the predominant subject of individual commemoration.⁴⁵ Consequently, the proposed concept of medical memories and experiences is not a strictly top–down model, but consists of a continuous exchange between all other levels that shape and replace the memories and remembrance practices.⁴⁶

For this thesis, the term ‘state’ requires defining in the postwar context. After the Second World War, the Red Army occupied East Germany, which became the *Sowjetische Besatzungszone* [Soviet Occupied Zone of Germany – SBZ]. Under the leadership of the *Sowjetische Militäradministration in Deutschland* [Soviet Military Administration in Germany – SMAD], occupation authorities established several central administrations for governmental tasks such as health and justice. Therefore, East Germany was not a traditional state construct until the foundation of the GDR in 1949. For ease of understanding, this study addresses both the central administrations and the subsequent GDR ministries

⁴³ An important insight of this notion offers Annette Weinke, *Die Verfolgung von NS-Tätern im geteilten Deutschland: Vergangenheitsbewältigungen 1949–1969, oder: Eine deutsch-deutsche Beziehungsgeschichte im Kalten Krieg* (Paderborn: Schöningh, 2002), p. 333. For further information on that issue see the fundamental study of Alexander Mitscherlich and Margarete Mitscherlich, *The Inability to Mourn: Principles of Collective Behavior* (New York: Grove Press, 1975).

⁴⁴ For example, the study of Alon Confino shows the conscious use of *Heimat* symbols and pictures by the GDR as continuity from the past to achieve legitimacy and integration of the population. Confino, *Germany as a Culture of Remembrance*, pp. 92–113.

⁴⁵ Jarausch, ‘Living with Broken Memories’, p. 181.

⁴⁶ Winter and Sivan describe collective remembrance, or the state narrative, as the “end product of that exchange relationship”. Winter and Sivan, ‘Setting the Framework’, p. 27.

as the state level. However, East Germany initially consisted of six *Länder* [states] until their dissolution and the creation of 14 districts in 1952. To avoid confusion between the central or federal and the local state level, the dissertation always includes the state name for the local level, for example, Saxon state authorities.

This study follows the theories of Assmann and Winter in defining the state narrative for the concept of medical memories and experiences as fragile: a constantly contested field of remembrance practices. For the GDR's state narrative, the socialist healthcare system offered the political legitimization and an opportunity to demarcate itself from the West German private healthcare system.⁴⁷ The free, universally accessible, state-run health clinics were viewed as Socialism's most significant achievement and were thus emphasised throughout the existence of East Germany.⁴⁸ Therefore, the study analyses the state's emphasis on, and selection of, a medical narrative, which, for example, justified strict laws against prostitution or 'promiscuous behaviour' and which originated from previous political systems. Discussing this 'master narrative', it exposes how state policies, shaped by medical memories and experiences of people in charge, were altered and limited by memories of mnemonic communities and individuals at the local level. Local authorities and doctors influenced laws that dispute the assumption of a strictly centralised state construct and the unhindered transmission of SED claims into society's reality.

In short, medical memories and experiences are broadly defined as the relationship of the medical past with the medical experiences of the present and perception of the

⁴⁷ Anna-Sabine Ernst, *Die beste Prophylaxe ist der Sozialismus: Ärzte und Hochschullehrer in der SBZ/DDR 1945–1961* (Münster: Waxmann, 1996), p. 25; Annette F. Timm, 'The Legacy of Bevölkerungspolitik: Venereal Disease Control and Marriage Counselling in Post-WW II Berlin', *Canadian Journal of History/Annales canadiennes d'histoire*, 2 (1998), 173–214 (p. 173).

⁴⁸ Ludwig Mecklinger, 'Der politische Auftrag des Gesundheitswesens: Aus der Rede des Ministers für Gesundheitswesen, OMR Prof. Dr. sc. med. Ludwig Mecklinger, auf der Kreisärztekonzferenz', *humanitas*, 24 (1981), 1–3 (p. 1).

future. This dependency often meant that a persistence of medical treatments, mentalities, and terminologies at the local level could be recognised, which were sometimes asynchronous with medical and political advances of the time. In order to ground this abstract definition in the interactions between a doctor and a patient for the particular context of the dissertation, the concept uses the microcosm study of Dresden and Leipzig with the four distinct yet intertwined levels of medical memories and experiences described above. For contextualisation, the narrow focus on the two cities needs to be embedded into the macrocosm of the state narrative and broader and longer developments of postwar East Germany and Europe. To fulfil this claim, the existing research and debates regarding the history of medicine, postwar studies, and the GDR, in general, are discussed in the following section.

1.2 Historiography

The thesis proposes the combination of memory studies with the history of medicine in order to establish the concept of medical memories and experiences as described above. This approach investigates individual life and state narratives, medical case histories, and the social and medical treatment of patients in the East German context with the cultural, political, and social developments after the Second World War. Therefore, this section provides the historiographical starting point and discusses both memory studies and the history of medicine, but also includes an overview of recent developments in GDR, post-war, and socio-cultural approaches.

In recent years, postwar eras have received greater attention in historical analyses, not least because of the anniversary of the First World War.⁴⁹ Moreover, this topic has been linked with an increased interest in commemorative culture and the relationship of war and memory within social, cultural, and psychological contexts.⁵⁰ As in this study, researchers have questioned the notion of the end of a war as a watershed in political or societal affairs, such as the notion of the *Stunde Null* [Zero Hour or Year Zero] for the year 1945.⁵¹ Instead, historians like Ralph Jessen emphasise traditional features in societies that survived upheavals, wars, and other radical events.⁵² For the SBZ, and later the GDR,

⁴⁹ *Experience and Memory: The Second World War in Europe*, ed. by Jörg Echternkamp and Stefan Martens (New York: Berghahn Books, 2010); Richard Bessel, 'Hatred After War: Emotion and the Postwar History of East Germany', *History & Memory*, 17 (2005), 195–216; Wierling, 'The War in Postwar Society'; *Three Postwar Eras in Comparison: Western Europe 1918–1945–1989*, ed. by Carl Levy and Mark Roseman (Basingstoke: Palgrave, 2002).

⁵⁰ Goebel, *The Great War and Medieval Memory*; Winter, *Remembering War*; Nancy Wood, *Vectors of Memory: Legacies of Trauma in Postwar Europe* (Oxford: Berg, 1999).

⁵¹ For the persistence of the concept *Stunde Null* as caesura, see *Deutsche Umbrüche im 20. Jahrhundert*, ed. by Wolfgang Schieder and Dietrich Papenfuß (Cologne: Böhlau, 2000); *Die lange Stunde Null: Gelenkter sozialer Wandel in Westdeutschland nach 1945*, ed. by Everhard Holtmann, Uta Gerhardt, and Hans Braun (Baden-Baden: Nomos, 2007); Siegfried Meuschel, *Legitimation und Parteiberrschaft: Zum Paradox von Stabilität und Revolution in der DDR* (Frankfurt a.M.: Suhrkamp, 1992).

⁵² Ralph Jessen, 'Die Gesellschaft im Staatssozialismus: Probleme einer Sozialgeschichte der DDR', *Geschichte und Gesellschaft*, 21 (1995), 96–110 (pp. 98–99, 101–02). For more recent accounts, see Rousso, 'A New Perspective on the War', pp. 1–8; Richard Bessel, *Germany 1945: From War to Peace* (London: Simon & Schuster, 2009).

the postwar years were decisive for the future of the socialist state. Since its dissolution in 1989 and 1990, historians have attached a vital role to the years 1945 until 1949, and 1949 until the construction of the Berlin Wall in 1961 for the establishment and stability of the East German state. However, the explanations for this development differ greatly among historians. After the disputed re-appearance of totalitarian theories that analyse the GDR from a macrocosmic perspective,⁵³ terms such as *durchherrschte Gesellschaft* [thoroughly ruled society],⁵⁴ modern dictatorship,⁵⁵ *konstitutiv-widersprüchliche Gesellschaft* [constitutively contradictory society],⁵⁶ and *Fürsorgediktatur* [welfare dictatorship]⁵⁷ have tried to establish theoretical approaches into the microcosm of East Germany and a social and cultural history that captures the GDR's nature as a system and society. However, a single term, theory, or concept is incapable of explaining the entire lifespan of the GDR sufficiently.⁵⁸ Linda Fuller suggests that the striving for a specific terminology in many

⁵³ For the origins of the totalitarian concept, see Hannah Arendt, *The Origins of Totalitarianism* (London: Allen and Unwin, 1967). For the use of this theory to explain the GDR state, see Peter Grieder, *The East German Leadership, 1946–1973: Conflict and Crisis* (Manchester: Manchester University Press, 1999), pp. 1, 5–6, Endnote 1; Klaus Schroeder, *Der SED-Staat: Geschichte und Strukturen der DDR* (Munich: Bayrische Landeszentrale für politische Bildungsarbeit, 1998), p. 633; Klaus Schroeder, *Die veränderte Republik: Deutschland nach der Wiedervereinigung* (Munich: Bayrische Landeszentrale für politische Bildungsarbeit, 2006), p. 348; Klaus Schroeder and Monika Deutz-Schroeder, *Soziales Paradies oder Stasi-Staat? Das DDR-Bild von Schülern — ein Ost-West-Vergleich* (Stamsried: Vögel, 2008), p. 92. For its critics, see Andrew I. Port, 'The Banalities of East German Historiography', in *Becoming East German: Socialist Structures and Sensibilities After Hitler*, ed. by Mary Fulbrook and Andrew I. Port (New York: Berghahn Books, 2013), pp. 1–30 (p. 4); Andrew H. Beattie, 'The Politics of Remembering the GDR: Official and State-Mandated Memory Since 1990', in *Remembering the German Democratic Republic: Divided Memory in a United Germany*, ed. by David Clarke and Ute Wölfel (Harmondsworth: Palgrave Macmillan, 2011), pp. 23–34; Andrew H. Beattie, *Playing Politics with History: The Bundestag Inquiries into East Germany* (New York: Berghahn Books, 2008).

⁵⁴ Jürgen Kocka, 'Eine durchherrschte Gesellschaft', in *Sozialgeschichte der DDR*, ed. by Hartmut Kaelble, Jürgen Kocka, and Hartmut Zwahr (Stuttgart: Klett-Cotta, 1994), pp. 547–53 (pp. 549–52).

⁵⁵ Jürgen Kocka, 'The GDR: A Special Kind of Modern Dictatorship', in *Dictatorship as Experience: Towards a Socio-Cultural History of the GDR*, ed. by Konrad H. Jarausch (New York: Berghahn Books, 1999), pp. 17–26 (pp. 19–23). For critics of Kocka's concept, see Christoph Kleßmann, 'Rethinking the Second German Dictatorship', in *Dictatorship as Experience: Towards a Socio-Cultural History of the GDR*, ed. by Konrad H. Jarausch (New York: Berghahn Books, 1999), pp. 363–78 (pp. 366–67); Konrad H. Jarausch, 'Care and Coercion: The GDR as Welfare Dictatorship', in *Dictatorship as Experience: Towards a Socio-Cultural History of the GDR*, ed. by Konrad H. Jarausch (New York: Berghahn Books, 1999), pp. 47–69 (p. 56).

⁵⁶ Detlef Pollack, 'Die konstitutive Widersprüchlichkeit der DDR: Oder: War die DDR-Gesellschaft homogen?', *Geschichte und Gesellschaft*, 24 (1998), 110–31 (pp. 113–24); Detlef Pollack, 'Modernization and Modernization Blockages in GDR Society', in *Dictatorship as Experience: Towards a Socio-Cultural History of the GDR*, ed. by Konrad H. Jarausch (New York: Berghahn Books, 1999), pp. 27–45 (pp. 29–41).

⁵⁷ Jarausch, 'Care and Coercion', pp. 57–64.

⁵⁸ Kleßmann, 'Rethinking the Second German Dictatorship', p. 371.

historical analyses of former socialist East and Central European states is a common fallacy that simply “glazes over a great deal of social difference with a frosting of homogeneity”.⁵⁹ Therefore, as Patrick Major concludes, the totalitarian, social, and the cultural historians of the GDR “have been equally guilty of fetishizing elite power fantasies, while ignoring their realizability”.⁶⁰

Major’s recent book *Behind the Berlin Wall* is an example of combining the strengths of different approaches and theories into a sophisticated and multifaceted basis for his study.⁶¹ He categorises the GDR as a ‘welfare’, as well as a ‘didactic’, dictatorship—which captures the SED’s perception that its people were too immature for Socialism. However, he also adds the social analytical tools of Alf Lüdtke’s *Eigensinn*,⁶² describing people’s self-interest or directedness, and of Thomas Lindenberger’s *Alltagsgeschichte*,⁶³ that recognises the visible and invisible boundaries of everyday life.⁶⁴ The latter two concepts lead to the theory of *Zweckerationalität* [purposive rationality] that Detlef Pollack establishes for individuals’ behaviour with which they pursue their goals by adapting to prevailing rules in order to avoid sanctions by the system.⁶⁵ Major develops Pollack’s interpretation further and describes the ‘hidden transcripts’ of human behaviour, asserting that people only comply on the surface and hide their criticism and struggle to maintain some autonomous

⁵⁹ Linda Fuller, ‘Socialism and the Transition in East and Central Europe: The Homogeneity Paradigm, Class, and Economic Inefficiency’, *Annual Review of Sociology*, 26 (2000), 585–609 (p. 588).

⁶⁰ Patrick Major, *Behind the Berlin Wall: East Germany and the Frontiers of Power* (Oxford: Oxford University Press, 2010), p. 4; Patrick Major, ‘Walled In: Ordinary East Germans’ Responses to 13 August 1961’, *German Politics and Society*, 99 (2011), 8–22.

⁶¹ Major, *Behind the Berlin Wall*, pp. 4–10.

⁶² Alf Lüdtke, *Eigen-Sinn: Industrielltag, Arbeitererfahrung und Politik vom Kaiserreich bis zum Faschismus* (Hamburg: Ergebnisse, 1993); Thomas Lindenberger, *Herrschaft und Eigen-Sinn in der Diktatur: Studien zur Gesellschaftsgeschichte der DDR* (Cologne: Böhlau, 1999).

⁶³ Thomas Lindenberger, ‘The Fragmented Society: “Societal Activism” and Authority in GDR State Socialism’, *zeitgeschichte*, 1 (2010), 3–20; Thomas Lindenberger, ‘“Asociality” and Modernity: The GDR as a Welfare Dictatorship’, in *Socialist Modern: East German Everyday Culture and Politics*, ed. by Paul Betts and Katherine Pence (Ann Arbor, M.I.: University of Michigan Press, 2008).

⁶⁴ Major, *Behind the Berlin Wall*, pp. 5–8.

⁶⁵ Pollack, ‘Die konstitutive Widersprüchlichkeit der DDR’, p. 118.

space behind the mask of ‘doublespeak’.⁶⁶ This thesis follows Major’s claim that this socio-cultural approach is “bringing ordinary people more firmly back to the centre stage” and captures the complexity of social performance.⁶⁷ In particular for GDR’s medical history, the dissertation adds to this growing body of literature that focusses on people’s experiences and thus contextualises everyday life under, and personal involvement in, the ‘second German dictatorship’.

To this end, Mary Fulbrook’s work offers another valuable analytical tool to the GDR’s socio-cultural history.⁶⁸ In her studies, Fulbrook analyses societal developments and their origins by establishing a generational perspective.⁶⁹ Through exploring the different experiences and ‘life stories’ of multiple generations, she explains, for example, that the ‘1929er’ [Fulbrook’s constructed affiliation of people born around the late 1920s] were highly distinctive to those ‘born into the GDR’.⁷⁰ Despite the criticisms that Fulbrook has faced, in particular for her ‘normalisation’ concept for the 1960s and

⁶⁶ Major, *Behind the Berlin Wall*, p. 6.

⁶⁷ *Ibid.*, p. 8. For the terminology of social performance that describes the public behaviour as acting, see Goffman, *The Presentation of Self*; Goffman, *Behavior in Public Places*.

⁶⁸ Mary Fulbrook, *Anatomy of a Dictatorship: Inside the GDR, 1949–1989* (Oxford: Oxford University Press, 1995); Mary Fulbrook, *The Divided Nation: A History of Germany, 1918–1990* (New York: Oxford University Press, 1992); Mary Fulbrook, *The People’s State: East German Society from Hitler to Honecker* (London: Yale University Press, 2005); *Power and Society in the GDR 1961–1979: The ‘Normalisation of Rule’?*, ed. by Mary Fulbrook (New York: Berghahn Books, 2009).

⁶⁹ Mary Fulbrook, ‘Living Through the GDR: History, Life Stories, and Generations in East Germany’, in *The GDR Remembered: Representations of the East German State Since 1989*, ed. by Nick Hodgkin and Caroline Pearce (Rochester, N.Y.: Camden House, 2011), pp. 201–20 (p. 204).

⁷⁰ *Ibid.*, p. 210. For more information, see Mary Fulbrook, ‘The Concept of “Normalisation” and the GDR in Comparative Perspective’, in *Power and Society in the GDR 1961–1979: The ‘Normalisation of Rule’?*, ed. by Mary Fulbrook (New York: Berghahn Books, 2009), pp. 1–30 (p. 27); Dolores L. Augustine, ‘The Power Question in GDR History’, *German Studies Review*, 3 (2011), 633–52 (p. 647).

1970s,⁷¹ her ‘bottom-up’ approach is a crucial template for this project. Exploring generations and their differentiated medical experiences and memories is an important tool, especially for analysing the life narratives and adaptation strategies of doctors after 1945.⁷²

The recent account of Betts’ *Within Walls* builds upon Fulbrook’s understanding of the GDR as a ‘honey-comb state’⁷³ and accesses the ‘private sphere’ of East Germans.⁷⁴ In an innovative endeavour, Betts covers a broad range of topics that reveal the ‘private’ practices behind people’s public engagements, such as worshipping in a church and at home, petitions to local and state authorities, divorce proceedings, and photography as art and capturing ‘intimacy’—an almost praxeological approach.⁷⁵ Consequently, Betts refutes the historical instinct to separate the GDR in ‘two halves’, distinguishing between Walter Ulbricht’s and Erich Honecker’s reign. Instead, he points towards the necessity of tracing trajectories of progress and continuity beyond fixed time periods to receive a fuller picture of the East German history—an approach that this thesis applies for the postwar period as well.⁷⁶

⁷¹ For Lindenberger’s harsh criticism and Fulbrook’s response, see Thomas Lindenberger, ‘Normality, Utopia, Memory, and Beyond: Reassembling East German Society’, *German Historical Institute London Bulletin*, 33 (2011), 67–91; Mary Fulbrook, ‘Response to Thomas Lindenberger’, *German Historical Institute London Bulletin*, 33 (2011), 92–98. Moreover, see the critical engagements with Fulbrook’s concept by Eli Rubin, ‘Review of Power and Society in the GDR, 1961–1979: The “Normalisation of Rule”?’, by Mary Fulbrook’, *Central European History*, 1 (2011), 191–93; Augustine, ‘The Power Question’.

⁷² A recent study of women’s experience with the baby pill during the GDR also utilises a generational approach. Annette Leo and Christian König, *Die ‘Wunschkindpille’: Weibliche Erfahrung und staatliche Geburtenpolitik in der DDR* (Göttingen: Wallstein, 2015).

⁷³ Fulbrook, *The People’s State*, p. 236.

⁷⁴ Betts, *Within Walls*, pp. 5–18.

⁷⁵ For a recent theoretical groundwork for the praxeological approach in history, see *Historische Praxeologie: Dimensionen vergangenen Handelns*, ed. by Lucas Haasis and Constantin Rieske (Paderborn: Schöningh, 2015).

⁷⁶ Betts, *Within Walls*, pp. 12–13.

In summary, the dissertation follows Betts and Jarausch's suggestion that East German historiography in general should embed the GDR in broader nineteenth- and twentieth-century developments.⁷⁷ This proposition is especially true for the specific focus of its medical history. The rapid medical advancement throughout the long-nineteenth century and following the two world wars, with their inventions of radiography, the tuberculin test, or Penicillin, revolutionised the medical treatment of tuberculosis [Tbc] and STDs.⁷⁸ However, medical concepts and socially constructed diagnoses did not alter at a similar pace. As such the terminology, mentality, and treatments used in postwar East Germany were derived from previous political systems, with the emphasis on the legacy of the Weimar Republic being particularly prominent. In locating the GDR as part of longstanding developments and traditions, this dissertation expands the works of Anna-Sabine Ernst and Gabriele Moser. Ernst focuses on the medical profession's past and outlines the often antagonistic relationship to the state between 1945 and 1961.⁷⁹ Her findings offer an important comparison to this analysis of four generations of doctors who became part of the socialist state with their medical memories after 1945, in the form of their medical skills, pre-conception of diseases, and potential past involvement in medical crimes. Various insights have been given into the subsequent institutional changes in the SBZ and later in the GDR. Thomas Elkeles et al., for example, dedicate their work to the leitmotifs of prevention and prophylaxis in the healthcare system and their effects on

⁷⁷ Ibid., p. 18; Konrad H. Jarausch, 'Beyond Uniformity: The Challenge of Historicizing the GDR', in *Dictatorship as Experience: Towards a Socio-Cultural History of the GDR*, ed. by Konrad H. Jarausch (New York: Berghahn Books, 1999), pp. 3–14 (pp. 10–11).

⁷⁸ For an important overview of medicine in the context with societal developments during the nineteenth and twentieth centuries, see Roger Cooter, *Surgery and Society in Peace and War: Orthopaedics and the Organization of Modern Medicine, 1880–1948* (Basingstoke: Macmillan Press, 1993); *Medicine and Modern Warfare*, ed. by Roger Cooter, Mark Harrison, and Steve Sturdy (Amsterdam: Rodopi, 1999); *War, Medicine, and Modernity*, ed. by Roger Cooter, Mark Harrison, and Steve Sturdy (Stroud: Sutton, 1998); *Medicine in the Twentieth Century*, ed. by Roger Cooter and John V. Pickstone (Amsterdam: Harwood Academic, 2000).

⁷⁹ Ernst, 'Die beste Prophylaxe ist der Sozialismus'.

the medical infrastructure and landscape.⁸⁰ For the latter, Gerhard Naser shows the politically-motivated reduction of private practitioners, who were seen as politically unreliable and in opposition to the proclaimed social hygienic policies, to establish a state-run healthcare system after 1945.⁸¹

While these studies focus on change in the East German healthcare system after the Second World War, Moser illustrates continuity by exploring the institutional development from the Weimar Republic into the GDR. She analyses the concept of social hygiene and identifies the paradigms and traditions from the 1920s that were used to establish the socialist healthcare system in East Germany after 1945.⁸² Moser's term 'medicalised social hygiene' illustrates the synthesis between the medical legacy of the Weimar Republic and ideas of the 'social hygiene' movement. For the GDR, she argues that this merging point was the cornerstone of the new socialist healthcare system. According to Moser, this concept also indicates that postwar East Germany emphasised medical knowledge and expertise within its social hygiene policies, neglecting the notions of positive *Bevölkerungspolitik* [demographic policies], which dominated the debates during the Weimar Republic. However, this thesis differs from Moser's interpretation by showing that the *Bevölkerungspolitik* still played a major role in the curbing strategies against STDs, as well as in the treatment of the 'asocial'.

⁸⁰ *Prävention und Prophylaxe: Theorie und Praxis eines gesundheitspolitischen Grundmotivs in zwei deutschen Staaten 1949–1990*, ed. by Thomas Elkeles, Jens-Uwe Niehoff, and Rolf Rosenbrock (Berlin: Edition Sigma, 1991).

⁸¹ Gerhard Naser, *Hausärzte in der DDR: Relikte des Kapitalismus oder Konkurrenz für die Polikliniken?* (Bergatreute: Eppe, 2000).

⁸² Gabriele Moser, *Im Interesse der Volksgesundheit ...: Sozialhygiene und öffentliches Gesundheitswesen in der Weimarer Republik und der frühen SBZ/DDR. Ein Beitrag zur Sozialgeschichte des deutschen Gesundheitswesens im 20. Jahrhundert* (Frankfurt a.M.: VAS, 2002); Gabriele Moser, "Kommunalisierung" des Gesundheitswesens: Der Neuaufbau der Gesundheitsverwaltung in der SBZ/DDR zwischen Weimarer Reformvorstellungen und "Sowjetisierung", in *Geschichte der Gesundheitspolitik in Deutschland: Von der Weimarer Republik bis in die Frühgeschichte der 'doppelten Staatsgründung'*, ed. by Wolfgang Woelke and Jörg Vögele (Berlin: Duncker & Humblot, 2002), pp. 405–18; Gabriele Moser, *Ärzte, Gesundheitswesen und Wohlfahrtsstaat: Zur Sozialgeschichte des ärztlichen Berufsstandes in Kaiserreich und Weimarer Republik* (Freiburg: Centaurus, 2011).

Apart from this limitation of Moser's concept, the dissertation revisits her arguments and shows that German socialists and health officials, rather than Soviet authorities, shaped the postwar healthcare system. The agency of different state and local actors in the forms of doctors and even patients in East Germany after 1945 is one of the main hypotheses that this study proposes and is part of the analysis in each chapter. Nevertheless, the occupation power relied not only on selected German socialists or local physicians to implement their commands, but also reserved its right to intervene and punish any deviance from the socialist aims with harsh sanctions.

This postwar relationship between the occupation power, re-emigrated socialists, and occupied people is elucidated in the studies of Donna Harsch and Jeannette Madarász-Lebenhagen of the special cases of Tbc and heart diseases. They discuss the East German strategies of containment and prophylaxis in the international context, as well as the persistence of old methods and the slow transformation towards innovations. They identify that resistance to progress also had an impact on the microcosms of the doctor–patient relationship, which offers valuable insights for this dissertation.⁸³ Moreover, Harsch builds upon Moser's findings and concept of a 'medicalised social hygiene'. She uses this concept for the tuberculosis policies in the GDR, but with the emphasis on postwar applications during the Tbc epidemic. However, some of her claims are limited by the fact that Harsch only used the Federal Archive for her research, which, in some instances, diminishes the validity of her arguments.⁸⁴ Jessica Reinisch's work examines the health situation for the whole of Germany after 1945, and thus, despite the limitations of

⁸³ Jeannette Madarász-Lebenhagen, 'Perceptions of Health After World War II: Heart Disease and Risk Factors in East and West Germany, 1945–75', in *Becoming East German: Socialist Structures and Sensibilities After Hitler*, ed. by Mary Fulbrook and Andrew I Port (New York: Berghahn Books, 2013), pp. 121–40; Donna Harsch, 'Socialism Fights the Proletarian Disease: East German Efforts to Overcome Tuberculosis in a Cold War Context', in *Becoming East German: Socialist Structures and Sensibilities After Hitler*, ed. by Mary Fulbrook and Andrew I. Port (New York: Berghahn Books, 2013), pp. 141–57.

⁸⁴ Donna Harsch, 'Medicalized Social Hygiene? Tuberculosis Policy in the German Democratic Republic', *Bulletin of the History of Medicine*, 86 (2012), 394–423.

Harsch and Moser's studies, all three authors are relevant references for this dissertation's second chapter on how postwar East Germany dealt with the STD epidemic.⁸⁵ For this particular health issue, which was common to all war-torn countries, this study uses the findings of Lesley Hall and Mark Harrison about the situation in the UK in order to compare its results in an international context.⁸⁶ Additionally, Dagmar Herzog's studies concerning the evolution of sexuality after the Second World War, with particular attention to the sexual development in the GDR, serves as the starting point for analysing STDs in the postwar era and their impact on East German society in the form of medical memories and experiences.⁸⁷

A recent account of postwar health policies is provided by Melanie Arndt, who explores divided Berlin from 1948 to 1961.⁸⁸ She shows the benefits and issues arising from two competing ideologies within one city, with both healthcare systems being directly "on display [*Schaufenster* or *Schaufensterkonkurrenz*]"⁸⁹ This particular case study provides an important insight into the struggle to win over doctors as well as patients for the new socialist healthcare system. However, there was a significant difference between Berlin and the rest of the GDR or even Germany, as also illuminated by Reinisch's study. By focussing on Dresden and Leipzig, this dissertation closes a gap in the historiography that

⁸⁵ Jessica Reinisch, *The Perils of Peace: The Public Health Crisis in Occupied Germany* (Oxford: Oxford University Press, 2013).

⁸⁶ Lesley A Hall, *Sex, Gender, and Social Change in Britain Since 1880* (Houndmills: Macmillan Press, 2000); Lesley A Hall, "War always brings it on": War, STD's, the Military, and the Civilian Population in Britain, 1850–1950, in *Medicine and Modern Warfare*, ed. by Roger Cooter, Mark Harrison, and Steve Sturdy (Amsterdam: Rodopi, 1999), pp. 205–23; Mark Harrison, 'Sex and the Citizen Soldier: Health, Morals and Discipline in the British Army During the Second World War', in *Medicine and Modern Warfare*, ed. by Roger Cooter, Mark Harrison, and Steve Sturdy (Amsterdam: Rodopi, 1999), pp. 225–49.

⁸⁷ Dagmar Herzog, *Sex After Fascism: Memory and Morality in Twentieth-Century Germany* (Princeton: Princeton University Press, 2005); Dagmar Herzog, 'East Germany's Sexual Evolution', in *Socialist Modern: East German Everyday Culture and Politics*, ed. by Katherine Pence and Paul Betts (Ann Arbor, M.I.: University of Michigan Press, 2008), pp. 71–95; Dagmar Herzog, 'Hubris and Hypocrisy, Incitement and Disavowal: Sexuality and German Fascism', *Journal of the History of Sexuality*, 11 (2002), 3–21.

⁸⁸ Arndt, *Gesundheitspolitik*.

⁸⁹ *Ibid.*, pp. 14, 253.

commonly concentrates on the situation in Berlin or across all occupation zones. Moreover, this thesis reconsiders political and medical surveillance, as well as social and medical control, in the healthcare system to reach new findings and perspectives and to illuminate the antagonistic effects of this control system which simultaneously stabilised and weakened the GDR.

Regarding the medical profession in general, Tobias Weidner recently published a study dealing with doctors' self-description of 'being apolitical' during the long-nineteenth century.⁹⁰ Weidner identifies this attitude as part of a broader strategy through which the medical profession demarcated itself from politics, while simultaneously exploiting its position to enforce its interests: an influential tool of political and strategic communication.⁹¹ These professional traditions were a factor that prevented the GDR from intruding into the social strata of doctors and ultimately creating a 'socialist medical profession'.⁹² The socialisation of physicians in the context of their profession's self-perception, ideological disposition, and experience of different political systems shaped their postwar social conduct.⁹³ For example, by utilising a sample of 491 doctors, Francesca Weil explores the cooperation of doctors with the MfS and examines the motives of physicians to work as *Inoffizieller Mitarbeiter* [unofficial collaborator – IM].⁹⁴ Therefore, these studies offer an important basis for the following investigation into the medical profession that is

⁹⁰ Tobias Weidner, *Die unpolitische Profession: Deutsche Mediziner im langen 19. Jahrhundert* (Frankfurt a.M.: Campus, 2012).

⁹¹ Weidner, *Die unpolitische Profession*, pp. 382–84.

⁹² The creation of a 'socialist medical profession' or 'medical intelligentsia' was the GDR authorities' aim since its foundation in 1949, which, however, remained unsuccessful throughout East Germany's existence. For contemporary literature on this topic, see Otto Rühle, *Arzt und Nation* (Berlin: Verlag der Nationen, 1952); *Arzt und Gesellschaft*, ed. by Kurt Winter (Jena: VEB Fischer, 1970); *Bewährtes Bündnis: Arbeiterklasse und medizinische Intelligenz auf dem Weg zum Sozialismus*, ed. by Horst Jentzsch (Berlin: VEB Verlag Volk und Gesundheit, 1987).

⁹³ For example, see Christine Böttcher, *Das Bild der Sowjetischen Medizin in der ärztlichen Publizistik und Wissenschaftspolitik der Weimarer Republik* (Pfaffenweiler: Centaurus, 1998).

⁹⁴ Francesca Weil, *Zielgruppe Ärzteschaft: Ärzte als inoffizielle Mitarbeiter des Ministeriums für Staatssicherheit* (Göttingen: Vandenhoeck & Ruprecht, 2008).

embedded in the long-standing development and professionalisation of physicians themselves.⁹⁵

Three decades after the reunification of Germany and the end of the Cold War, the historiography of postwar East Germany and the GDR remains politically-motivated and partly burdened with emotional debates, especially within Germany. However, this dissertation situates itself in the new trend among many early-career scholars of *Alltagsgeschichte*: using micro studies for the post-Second World War historiography to expose the complex processes at the local level of society. Therefore, this thesis is part of Andrew Beattie's postulate, summarised by Anne Krüger as the “*Aufarbeitung der Aufarbeitung* [coming to terms with the coming to terms]” of the GDR, lasting from the 1990s until today.⁹⁶ The aim is to establish a differentiated approach of people's actions in East Germany. One important precondition for this endeavour is to re-visit and discover new primary sources that shed light on the complexity of human behaviour and thus requires a sophisticated discussion of the sources' nature and potential pitfalls.

⁹⁵ For this endeavour, Dolores L. Augustine's book is also significant, as she investigates the 'technical intelligentsia's' status, position, and arrangement within the GDR, and thus provides a comparison with the medical profession. Dolores L. Augustine, *Red Prometheus: Engineering and Dictatorship in East Germany, 1945–1990* (Cambridge, M.A.: MIT Press, 2007).

⁹⁶ Anne Krüger, 'Review of Playing Politics with History: The Bundestag Inquiries into East Germany, by Andrew H. Beattie', *H-Soz-u-Kult*, 2009 <<http://hsozkult.geschichte.hu-berlin.de/rezensionen/2009-2-148>> [accessed 15 August 2016]. For a recent attempt, see *Aufarbeitung der Aufarbeitung: Die DDR im geschichtskulturellen Diskurs*, ed. by Saskia Handro and Thomas Schaarschmidt (Schwalbach/Ts.: Wochenschau, 2011).

1.3 Sources and Structure

After conducting research in multiple archives in Germany, it became evident that the existing historical literature about East Germany's healthcare system far from encompasses the full potential that this research field has to offer. This thesis closes some of the gaps in GDR historiography identified above by examining a broad scope of primary sources that allow insight into mechanics of East German society using the concept of medical memories and experiences. For the state level, the *Bundesarchiv* [Federal Archive of Germany – BArch] offers the archival sources to investigate the work of the SBZ central administrations and GDR ministries and their interactions with the local level. The local and community level is examined with the files of the *Stadtarchiv Dresden* [City Archive Dresden – StA DD] and *Stadtarchiv Leipzig* [City Archive Leipzig – StA Lpz]. All three archives not only provide, but also limit, the insight for research due to their restrictive access and privacy policies. In particular, the city archives denied the use of individual patient files that could have proved valuable to analysing the individual memory and medical past of, for example, the inmates of the Care Home Dresden. The available archival files are also historically restricted themselves: often representing the opinion of the author, state narrative, or political motivation of mnemonic communities. Therefore, the insight given into East German society through these sources is biased *a priori*, and as such needs to be cautiously analysed and contextualised to avoid invalid conclusions concerning people's daily life.

A similar issue occurs when using the Archive of *Der Bundesbeauftragte für die Unterlagen des Staatsicherheitsdienstes der ehemaligen Deutschen Demokratischen Republik* [The Agency of the Federal Commissioner for the Records of the State Security Service of the former German Democratic Republic – BStU]. Despite the historiographical importance of the fact that, after 1989 and 1990, the files of East Germany's intelligence service became

accessible to academics and the general public, the archive remains highly restrictive regarding sensitive data in order to protect the privacy and identity of people who are still alive. The archival sources that the researcher is given access to are pre-selected by the archivist, limiting the possible analysis and conclusions of investigations. Moreover, the BStU suffered a huge loss of material during the reunification when former MfS members were able to destroy a substantial number of important files. The recovery of the rescued, shredded files could eventually lead to different conclusions for the GDR historiography in the future. To avoid the fallacies of the material used to establish the concept of medical memories and experiences, the dissertation includes both a great number of different archival files, but also the collection of the *Deutsches Hygiene Museum Dresden* [German Hygiene Museum Dresden – DHMD] and published contemporary literature, newspaper articles, pictures, policies, and statistics.

It was particularly challenging to obtain oral history testimony for the sensitive topics and time period discussed in this thesis; many of the potential interviewees were no longer alive. Furthermore, those people still alive have limited and, as shown in the discussion of the nature of the human brain, potentially conflated memories with social and cultural remembrance. This statement does not devalue the use of oral history in general. However, the thesis aims to establish a theoretical concept and thus requires socio-cultural groundwork first. For this step, the assumed benefit of interviews to the overall analysis can be assessed as minimal and should thus be part of future research that continues the work initiated in this thesis.⁹⁷ Nevertheless, within the primary sources many personal accounts and case studies could be found that enable the dissertation to examine the political and state level, and even more the societal, cultural, and individual levels.

⁹⁷ For reformers of the oral history approach and its usefulness for historiography in general, see *The Oral History Reader*, ed. by Robert Perks and Alistair Thomson, 3rd edn (Abingdon: Routledge, 2015); Lynn Abrams, *Oral History Theory* (Abingdon: Routledge, 2010).

The dissertation is titled 'Treatments of the Past' because it captures a variety of perspectives surrounding postwar East German medical and social reality. Chapter 2 investigates four generations of doctors who adapted differently to the new political system after Germany's defeat. The use of generations is problematic as they are always historical constructions with the danger of homogenising memories and generalising experiences of highly heterogeneous age cohorts. However, the generational approach, in-line with Fulbrook's work, reveals significant variances in the life strategies of, for example, doctors born in the nineteenth century and those who spent their youth during the Weimar Republic. Therefore, the four retrospectively constructed generations—the World War One Generation (born between 1886–1895), the Weimar Generation (1896–1905), the Generation of Depression and Upheaval (1906–1915), and the Nazi Generation (1916–1925)—were labelled according to their assumed primary socialisation that described the most important event during their youth. By using case studies for each generation, the dissertation embeds the postwar era into the personal development of selected doctors, but also proves this dissertation's thesis that, more often than not, 1945 meant continuity rather than a break in their lives and careers. This development was possible as both the East German state and the Soviet occupation power were driven by the predicament of the epidemic diseases and thus employed pragmatism towards the urgently needed medical profession. Subsequently, doctors' medical memories and experiences, in the form of their socialisation and medical education, but also their involvement in the Third Reich and medical crimes, were 'treated': they were altered and often sanitised to their ends, not least with the help of state authorities and the MfS.

The thesis argues that the continuity of local doctors and authorities resulted in the persistence of medical concepts and out-dated treatments, faced by patients inside and outside of a doctor's examination room. As the third chapter reveals for the specialised

health clinics of STDs, medicine was often used as a deterrence to teach abstinence to supposedly ‘promiscuous’ women. Moreover, outside of these buildings, the survival of a denunciation system from previous political systems can be observed, supporting East Germany’s health policies and efforts to curb STDs. However, the assessment of ‘promiscuous’ people relied on gossip, rumours, and personal sympathy or antipathy that often led to false accusations or, on occasions, to the individual experience of a far-reaching system of medical and social control. Consequently, the chapter investigates not only medical, but also social treatments of the past that patients who suffered from STDs faced in the postwar era. To illustrate the argument of a simultaneously employed strategy of education and stigmatisation, the analysis focusses on the health clinics, categories for ‘sexually deviant’ people, hospitalisation, raids, and public campaigns and exhibitions to identify medical memories in the form of mentalities, medical concepts, stigmatisations, and clichés that became the medical experiences of the targeted groups. Not least, this chapter proves the thesis that claims made by the state were limited at the local level of society, as Saxony often implemented an even stricter STD control system than demanded by state authorities, overstepping legal boundaries by depriving personal rights.

The ‘treatments of the past’ in the form of medical memories and experiences also refers to the process of how states, mnemonic communities, or individuals altered their past to their needs. This dissertation identifies the process of omitting and rewriting the life-narratives of doctors, and also of the ‘war youth’ by the East German state. Therefore, the fourth chapter analyses the war experiences of children with the help of contemporary war and trauma studies. However, this study does not diagnose ‘trauma’ retrospectively, but establishes an overview of the complexity of children’s war experiences, which a single term is incapable of expressing. From this basis, the chapter investigates the response by the state to a perceived ‘depraved’ youth and its subsequent narration. It argues that

the authorities targeted youth behaviour without acknowledging the causes of their social conduct, which often had their origins in children's war experiences. Instead, the state developed a narrative that included the 'war children' as the hope and future of the nation, that in turn meant any 'socially deviant behaviour' was pathologised—meaning, the East German perception of 'deviant behaviour' as a disease that required treatment. Consequently, adolescents, whom the state classified as 'asocial', were often caught up in a social hygienic cycle, in which they were sent from one institution to the next without receiving the support and treatment a potentially traumatic past event required. Furthermore, this chapter questions the 'para-medicalised' terminology, such as 'trauma', that was used to explain political and social phenomena. The thesis formulates that this transfer served as a narrative, justifying the interventions into the families and communities by the East German state in the postwar era and the interests of the proclaimed 'forgotten or traumatised generation' today.

The final chapter draws together the different strands of the study looking at various social groups—the incriminated doctors, 'promiscuous' women, and the delinquent children—by investigating 'treatments of the past' within the Care Home in Dresden as a case study. This case study is inspired by the theoretical works of Goffman and David J. Rothman, who both studied and criticised asylums and identified the medical concepts inscribed into the institutional layout and perceptions of the supervisor and population. The final chapter questions how the state advocated the continuation of the workhouse after the war—the vision—and exposes the institutional memories that determined medical experiences of those within its premises—the reality. Furthermore, it examines the discussions between mnemonic communities about the purpose and utilisation of the institution, and, finally, investigates the medical memories and experiences of the patients

and staff. In this final section, the analysis systematically follows the proposed key concept of medical memories and experiences to reveal the theoretical framework, providing practical examples and suggesting potential avenues for future research.

This thesis contributes not only to memory studies, but also to the history of the postwar, socio-cultural, and medical history of the GDR. It employs an intentionally interdisciplinary approach, chosen to avoid the homogenization of social interactions with a limited terminology or theory. Instead, the dissertation seeks the complex, unpredictable, and often selfish human behaviour within the broader medical realm that challenges fixed historical caesuras such as 1945. It shows that people like Dr Otto and the Health Minister Steidle from the opening quotation, who actively participated in the Third Reich, equally continued to shape the healthcare system at the local and state level in postwar East Germany. In this way, these people ensured that the past had its place in the present, and, potentially, in the future of the patient and the proclaimed ‘new’ socialist state.

PREDICAMENT AND PRAGMATISM

NEGOTIATING MEDICAL MEMORIES AND EXPERIENCES OF THE MEDICAL PROFESSION



The end of the Second World War left Europe in chaos, with a widely collapsed infrastructure. In East Germany, the final skirmishes between the rapidly advancing Red Army and the hastily disintegrating Wehrmacht, which were the first battles on German soil for over a century,⁹⁸ took with them the remains of a functioning healthcare and social welfare system.⁹⁹ The influx of refugees from the East, the scarcity of food, the dysfunctional sewage systems, and the lack of doctors made a perfect breeding ground for the emergence of epidemics. Diseases such as tuberculosis and venereal diseases, which swiftly followed, increased the demand for medical personnel.¹⁰⁰ For the population, the resulting health crisis was a palpable continuity from the war years into the postwar era, apparent not only in the diseases they suffered from, but also in the local doctors who treated them.

However, the health-threatening environment in postwar East Germany was only one motive of authorities and the medical profession for justifying the re-deployment of

⁹⁸ Paul Betts, Alon Confino, and Dirk Schumann, 'Introduction: Death and Twentieth-Century Germany', in *Between Mass Death and Individual Loss: The Place of the Dead in Twentieth-Century Germany*, ed. by Alon Confino, Paul Betts, and Dirk Schumann (New York: Berghahn Books, 2008), pp. 1–22 (p. 3).

⁹⁹ Reinisch, *The Perils of Peace*, p. 1; Bessel, *Germany 1945*, pp. 330–31.

¹⁰⁰ Bessel, *Germany 1945*, pp. 321–22, 330–31, 334, 343–53, 386–88; Richard Bessel, 'The Shadow of Death in Germany at the End of the Second World War', in *Between Mass Death and Individual Loss: The Place of the Dead in Twentieth-Century Germany*, ed. by Alon Confino, Paul Betts, and Dirk Schumann (New York: Berghahn Books, 2008), pp. 50–68 (pp. 57–58). For the demand of doctors in postwar East Germany, see Ernst, 'Die beste Prophylaxe ist der Sozialismus', pp. 145, 180, 185–87.

many former Nazi doctors. This chapter explores different transitions of physicians from war to postwar through a series of case studies: each example exposes diverse negotiation strategies and life narratives that were employed by doctors to cope with the new socialist system. The individuals discussed were taken from a sample of 128 people¹⁰¹—all of whom worked in the East German healthcare system with different specialisations, employed in hospitals, health clinics, and even prisons for at least some time after 1945. Therefore, this chapter provides a cross section of medical personnel, nurses and doctors, in various circumstances, which simultaneously limits the focus towards the carefully chosen people and thus neglects the role of former Nazi doctors in interrogations, as police physicians, and other ethically questionable deployments.

Nevertheless, the chapter argues with the help of these selected cases that the transition of medical personnel from war to postwar was based on an individualised negotiation between the doctor and local or state authorities. On the one hand, officials judged the degree of political and criminal involvement in the Third Reich from the available files, compared to the current utility of a physician for curbing the epidemics after 1945. The result of this evaluation was decisive for the fate of doctors in postwar East Germany: prosecution, severe or mild sanctions towards, or the ability to continue, their medical practice. On the other hand, doctors used this occasion to depict themselves as indispensable for the state and society and created a life narrative, omitting all memories that had the potential to compromise their future in postwar East Germany. Therefore, the medical memories of both medical personnel and state authorities could directly affect the career prospects of an individual. This intertwined relationship between the state and its medical staff often enabled a person to mitigate membership of the

¹⁰¹ These 128 individuals were identified as the most reliable from a database of overall 168 people, obtained from archives, such as the Archive of the former State Security Service of East Germany. Its methodological issues are discussed in the following section. However, the use of this data enhances the analysis and offers important insights. See Appendix 1 (pp. 307–19).

NSDAP and even the involvement in war-crimes and atrocities. In many cases, state authorities either buried people's Nazi past, or used it to blackmail them. For the medical profession, however, Nazi links were often erased to sanitise the life paths of reputable doctors in the GDR.¹⁰² Therefore, medical memories describe the obtained medical career and skills of a doctor in the past, which were used, altered, or enhanced by the individual, mnemonic community, or state after 1945. These reassembled life, institutional, and state narratives, affected not only the professional life of the doctor, but also the relationship with, and the treatment of, the patient.

The chapter's core evolves with the help of a generational perspective; its methodology is discussed in detail in the following section. Fulbrook, for example, identified similar patterns in the life paths of individuals born in the late 1920s and early 1930s. These people were often at the forefront of the new 'socialist system' in East Germany, which Fulbrook described as the main feature of the '1929er' generation.¹⁰³ Among this historically constructed age cohort, a widespread postwar euphoria towards the new socialist project could be found, despite all the difficulties of a life after war. However, this enthusiasm eventually gave way to disenchantment due to everyday realities in the socialist state and Cold War context.¹⁰⁴ This statement equally applies to my own family: my grandfather, born in 1925, joined the *Hitlerjugend* [Hitler Youth – HJ], and after he had received his draft notice in 1942, he volunteered for the German Navy to avoid deployment at the eastern front. Shortly after the war, he became one of the *Neulehrer* [New Teachers]¹⁰⁵, joined the *Freie Deutsche Jugend* [Free German Youth – FDJ], the *Freier*

¹⁰² For an important study for this part of German history in the wider context, see Henry Leide, *NS-Verbrecher und Staatssicherheit: Die geheime Vergangenheitspolitik der DDR* (Göttingen: Vandenhoeck & Ruprecht, 2005).

¹⁰³ Mary Fulbrook, *Dissonant Lives: Generations and Violence Through the German Dictatorships* (Oxford: Oxford University Press, 2011), chap. 7, especially 7.3.; Bessel, 'Hatred after War', p. 213.

¹⁰⁴ Fulbrook, *Dissonant Lives*, p. 473.

¹⁰⁵ According to the Allies' de-Nazification paradigm of 're-Education', Soviet authorities set up the 'New Teachers Program' in 1945. It was supposed to replace old teachers quickly and efficiently, which were tainted due to their involvement in the Third Reich and ideological teaching. With this program,

Deutscher Gewerkschaftsbund [Free German Trade Union – FDGB], the *Gesellschaft für Deutsch–Sowjetische Freundschaft* [German–Soviet Friendship Association – DSF] organisation, and finally the *Sozialistische Einheitspartei Deutschlands* [Socialist Unity Party of Germany – SED]. He pursued a career in education, in which he started as a teacher and eventually became the head of a local school. As described above, he was a convinced proponent of the new state and even participated in the political realm with a seat in the *Rat des Kreises* [county council]—a typical biography of Fulbrook’s 1929ers. Like so many of his contemporaries, he believed in the slogans of ‘anti-fascism’, ‘anti-capitalism’, and ‘anti-imperialism’. He saw the GDR as a new start, an alternative model of society, and as a way to express his conviction that, ideally, there should be ‘no more war’ in Europe and the world. However, he gradually became disappointed, voiced criticism, and subsequently lost all his professional and political positions before the events that led to the German reunification in 1989/90. These nuances in people’s lives are easily overlooked by a narrow view that focusses on the policy level.¹⁰⁶ Therefore, this chapter investigates the complexity of individual lives and life decisions, negotiated with themselves, the mnemonic community, and the state, through the framework of medical memories and experiences.

The generational dimension of medical memories opens up two further key points, which affected the outcome of the individual struggle to survive¹⁰⁷ in the transition from war to postwar: milieu and mentality. In his 1999 essay, Arnd Bauerkämper highlights

East Germany wanted to ensure to create a new ‘socialist’ generation from the early postwar years. The outcome and results of this program were mixed. Nevertheless, Fulbrook illustrates the significance of the ‘New Teachers’ for the GDR and its own narrative, as well as for the 1929er generation, which mostly benefited from this over proportional ‘upwards mobility’, regardless of social background, in her book, Fulbrook, *Dissonant Lives*, pp. 304–05, 335.

¹⁰⁶ An example for a narrow focus on the policy level and thus the overstretched argument of a fully centralised and ruled society, represents the study of Hermann Wentker, *Justiz in der SBZ/DDR 1945–1953: Transformation und Rolle ihrer zentralen Institutionen* (Munich: Oldenbourg, 2001).

¹⁰⁷ In his recent book, Paul Steege provides an important study for the individual adaptation strategies and struggle to survive in a broader context. Paul Steege, *Black Market, Cold War: Everyday Life in Berlin, 1946–1949* (Cambridge: Cambridge University Press, 2007).

these features of ‘tradition’ and ‘continuity’ that restrained socialist transformation processes in East Germany. According to Bauerkämper, milieus have two important purposes: with their commonly shared values, they have an integrative function among the members of the community, while simultaneously demarcating outsiders.¹⁰⁸ Another way of strengthening the bond of a milieu is through (medical) memories, which members of a mnemonic community have in common. Mentalities define, according to Bauerkämper, the behaviour and actions of individuals and groups, which are gauged by societal expectations. This so-called ‘social-behaviour’ is composed of “moral concepts, norms, self-, and foreign perception” and subject to continuity and change over periods of time.¹⁰⁹ As with milieus, the concept of mentalities is used as an analytical category in this chapter, with interdisciplinary connections to sociology and psychology.¹¹⁰ This approach enables this study to investigate the complexity of human and group behaviour in the particular context of the people in postwar East Germany.

Mentalities are the underlying feature of people’s conduct in public places, in verbal and non-verbal interactions with others, as defined by the sociologist Erving Goffman—a feature which is discussed in the following section.¹¹¹ In contrast to milieus, people share mentalities across milieu and generational boundaries; both, however, are determined by memories of the past.¹¹² The understanding of mentalities and milieus is necessary for the different levels of medical memories and experiences. They help to expose the extent to

¹⁰⁸ Arnd Bauerkämper, ‘Kaderdiktatur und Kadergesellschaft: Politische Herrschaft, Milieubindung und Wertetraditionalismus im Elitenwechsel in der SBZ/DDR von 1945 bis zu den sechziger Jahren’, in *Eliten im Sozialismus: Beiträge zur Sozialgeschichte der DDR*, ed. by Peter Hübner (Cologne: Böhlau, 1999), pp. 37–65 (p. 51).

¹⁰⁹ *Ibid.*, p. 56.

¹¹⁰ For readings on the history of mentality, see Theodor W. Adorno, *Studien zum autoritären Charakter* (Berlin: Suhrkamp, 1995), pp. 6–10; Ingrid Gilcher-Holtey, ‘Plädoyer für eine dynamische Mentalitätsgeschichte’, *Geschichte und Gesellschaft*, 24 (1998), 476–97; Peter Burke, *Varieties of Cultural History* (Ithaca: Cornell University Press, 1997), pp. 162–82; Frank-Michael Kuhlemann, ‘Mentalitätsgeschichte: Theoretische und methodische Überlegungen am Beispiel der Religion im 19. und 20. Jahrhundert’, *Geschichte und Gesellschaft*, 16 (1996), 182–211.

¹¹¹ For Goffman’s theory of public behaviour, see Goffman, *Behavior in Public Places*.

¹¹² Bauerkämper, ‘Kaderdiktatur und Kadergesellschaft’, pp. 56–57.

which the struggle to survive during the postwar years was embedded in social contexts and institutional environments; bonds that enhanced or hindered the opportunities of the individual. Accordingly, the state had to acknowledge the traditions of milieus and the continuation of mentalities to convince its specialists of the new project: the essential feature of the so-called ‘alliance policy’ of socialist countries that needs to be briefly outlined.¹¹³

In the theories of Marx, Engels and Lenin, socialist societies are in the transitional stage between Capitalism and Communism. To achieve the teleological aim, the GDR aimed to undertake a fundamental change of society under ‘real existing Socialism’ by breaking with ‘old traditions’ and the remains of Fascism.¹¹⁴ Consequently, as the former GDR historian Karin Preller mentions in her thesis of 1981, the SED had to ally itself with other classes and strata to fulfil its ‘historical mission’.¹¹⁵ She demonstrates that this relationship was not supposed to be equal by stating that to reach Socialism “the proletariat ha[d] to be the dominant force of the bourgeois-democratic revolutionary process”.¹¹⁶ The SED utilised this maxim to legitimise their position as the ‘new’ society’s vanguard.¹¹⁷ Therefore, a ‘socialist alliance’ is, as the former GDR Professor of Marxism–Leninism at Dresden’s Medical Academy Horst Jentzsch defines, “the merging of various political and social forces to achieve shared objectives on the basis of temporary or permanent interest coincidences”, which was, according to him, objectively existent for

¹¹³ For further information about the importance and characteristics of socialist alliances, see the works of Bauerkämper, p. 57; *Zur Entwicklung der Klassen und Schichten in der DDR*, ed. by Wolfgang Schneider, Hans-Joachim Fieber, and Klaus Hentschel (Berlin: Dietz, 1977), p. 57; Jentzsch, chap. 2.1; Sonja Reichert, ‘Zu einigen Problemen der Bündnispolitik der revolutionären Arbeiterklasse mit der medizinischen Intelligenz unter der Führung der SED in den Jahren 1956 bis 1963’ (unpublished doctoral dissertation, Technische Universität Dresden, 1972).

¹¹⁴ Schneider, Fieber, and Hentschel, *Zur Entwicklung der Klassen und Schichten*, pp. 40–42.

¹¹⁵ Karin Preller, ‘Die Zusammenarbeit der befreundeten Parteien: Eine wesentliche Seite der Bündnispolitik zur Annäherung der Klassen und Schichten in der DDR’ (unpublished doctoral dissertation, Akademie für Staats- und Rechtswissenschaft der DDR Potsdam, 1981), pp. 1–2.

¹¹⁶ *Ibid.*, p. 8.

¹¹⁷ Günther Erbe, *Arbeiterklasse und Intelligenz in der DDR: Soziale Annäherung von Produktionsarbeiterschaft und wissenschaftlich-technischer Intelligenz im Industriebetrieb?* (Opladen: Westdeutscher Verlag, 1982), p. 19.

their historical and future development.¹¹⁸ However, as Ernst and my previous research show, this endeavour to establish an alliance between the ‘proletariat’ and the ‘medical intelligentsia’¹¹⁹ remained a political claim, but was never fulfilled in reality.¹²⁰ Nevertheless, the teleological notion of establishing ‘socialist alliances’ with all classes and strata is an important feature of investigating individual cases and generations. The laws passed by the East German state in the 1950s show the dilemma that policies were caught between the ideology of the upper echelons and the reality at the local level, between political claims and necessary concessions to convince the professionals of the superiority and feasibility of Socialism. The ambiguity led to an inconsistent political course, especially towards the ‘medical intelligentsia’, which established anything but trust and reliability.¹²¹

In this context, many of the cases in this chapter illustrate how doctors in their interactions with the state were able to negotiate their position within the new society. The cases show that the state and local authorities were often willing to grant concessions and overlook a Nazi or criminal medical past, if the doctor was needed and demonstrated the will to adapt to the rules. Therefore, opportunist behaviour enabled the physician to secure a certain living standard and potentially provide for a family in the postwar era. This thesis is not uncommon, as people always have the desire to have security and pursue

¹¹⁸ Jentzsch, *Bewährtes Bündnis*, p. 134; *Science and Technology Policy and the Organization of Research in the GDR*, ed. by Academy of Sciences of the GDR (Berlin: Akademie-Verlag, 1985), pp. 27–28.

¹¹⁹ The term ‘intelligentsia’, which the Polish philosopher Karol Libelt and the Russian writer Pyotr Boborykin simultaneously invented in the mid-nineteenth century, concerns the subcategory of intellectuals in Eastern Europe and later under Socialism. It represents the socialist counterpart to the Western term of ‘professionals’. This work follows Fulbrook in her comprehensive definition of the group’s composition in the GDR, “to cover not only cultural intelligentsia (intellectuals in a loose Western sense) but also the technical intelligentsia (including occupations such as engineering) and members of a rather wider range of professional groups (such as medicine)”, which she formulates in Fulbrook, *Anatomy of a Dictatorship*, p. 78.

¹²⁰ Ernst, pp. 48, 54, 117, 133–34; Markus Wahl, “‘It would be better, if some doctors were sent to work in the coal mines’: The SED and the Medical Intelligentsia Between 1961 and 1981’ (unpublished master’s thesis, University of Canterbury, 2013), pp. 24–26.

¹²¹ Ernst, *Die beste Prophylaxe ist der Sozialismus*, pp. 25–72.

their personal goals in life. As a result, however, these postwar negotiations between individual doctors and the state proved to be pragmatic, mainly driven by the health predicaments in the postwar era.

Nonetheless, as Henry Leide suggests, these decisions were also embedded in the struggle for the legitimization of the GDR as a proclaimed ‘anti-Fascist state’: a country, where apparently no Nazis remained in influential positions after its de-Nazification procedures in the postwar era. On the one hand, East German state officials denounced and externalised the problem: in their political agitation, they established a state narrative in which the ‘Nazi was inherently a West German person’.¹²² Norbert Frei identifies this claim as an important part of East Germany’s propaganda that targeted the Nazi past of West German politicians and officials for legitimisation purposes—it was a ‘battle for memory’ over how to deal with Germany’s recent past and simultaneously accommodate the majority of people in the new state.¹²³ On the other hand, the GDR authorities maintained their image of an ‘anti-Fascist state’ by using their intelligence apparatus to avoid any publicity about exposed Nazi cases or war-crimes, especially during the 1960s. This inherent legitimacy problem, embedded in the Cold War struggle between West and East Germany, ironically led to the fact that many former Nazis pursued an undisturbed life. Both competing states hesitated to initiate proceedings against them during the 1960s to evade the accusation of leniency towards former Nazis and war criminals in the postwar period by the other side, and the consequent international reputational damage.¹²⁴

¹²² This notion has been identified by Leide, *NS-Verbrecher und Staatssicherheit*, p. 12. Moser also reveals the pragmatism, inherent in all de-Nazification policies towards the medical profession in her study, Moser, *Im Interesse der Volksgesundheit ...*, p. 171.

¹²³ Norbert Frei, *Aderbauer's Germany and the Nazi Past: The Politics of Amnesty and Integration*, trans. by Joel Golb (New York: Columbia University Press, 2002), pp. 311–12.

¹²⁴ For further information on this Cold War dilemma of East and West Germany, see Leide, *NS-Verbrecher und Staatssicherheit*, pp. 12, 176, 413–18.

The individuals used in this study illustrate developments and problems of different generations in the immediate postwar years and beyond. This chapter exposes continuity of personnel by exploring transitions of doctors from the Third Reich to the GDR. It investigates the notion that with the people also medical concepts and views continued to exist, which influenced the treatment of, for example, sexually transmitted diseases after 1945, as illustrated in Chapter 3. The generational approach within the framework of medical memories, demonstrates the differentiated experiences, opportunities, and difficulties that the East German medical personnel faced in the new system. This chapter covers different ways of adaptation by these professionals to the socialist state, using individual life stories of the 128 selected members from the project's database; the methodology and issues of which are discussed in the next section (See also Appendix 1 (pp. 307–19)). Many of the case studies, scrutinised in the following, featured remarkable careers. Their integration into the 'new' emerging healthcare system not only illustrates the necessity of employing former NSDAP members to cope with epidemic diseases, but also exposes prospects, which the chaos of the postwar years and the uncertainty of the future offered to doctors. In Walter Korinek's (*1914) case, for example, it was possible to conceal that he had never finished his medical studies and thus had no specialisation. Through excuses, he persuaded the authorities to employ him, and thus practised as an orthopedist for over twenty years. The medical experiences and skills he had obtained while working as a medical assistant in a military hospital during the Second World War, enabled him to continue to work as a doctor without a proper licence and training in the postwar years, and later become the senior consultant of orthopaedics at a Dresden hospital. On the one hand, this chapter shows that physicians consciously used the postwar conditions to 'sanitise' their past or, as in Korinek's case, exploited the need for medical personnel to enhance their career prospects. On the other hand, the state also protected some of its physicians against accusations, 'defamation', and the domestic or international exposure

of their former NSDAP membership or involvement in war-crimes. A generalisation of postwar career paths of the East German medical profession is thus untenable. Therefore, this analysis explores the differentiated nature of doctors' postwar lives with four generations that require an appropriate methodology, which is outlined in the following.

2.1 Nazi Doctors in a Socialist System? A Generational Approach

*We received a note that [Elfriede Ochsenfarth] worked in the psychiatric clinic in Löbau [Großschweidnitz] during the time of Fascism.*¹²⁵

Report of the MfS, BV Leipzig, 1964

In his 1983 book *The Nazi Party*, Michael H. Kater discusses the pitfalls of the medical profession during the Third Reich and Second World War. He concludes that in the postwar period “[a] new and idealistic generation of physicians would be needed to rebuild a profession that by 1945 had sunk into total disrepute”.¹²⁶ Both the *Westzone* [Western Occupied Zones of Germany – WBZ]¹²⁷ and the SBZ encountered a medical profession that had been heavily involved in Nazi organisations and medical crimes and thus was targeted by the Allies’ policies to transform the German society after 1945. For the SBZ, this endeavour came to a halt in Spring 1948, when the SMAD officially declared the end of de-Nazification with Command 35/48. However, as the MfS quotation above from 1964 illustrates, East Germany failed to achieve a complete replacement of people who were involved in the Third Reich or criminal activities during the Second World War in the postwar era, especially for the medical profession.¹²⁸ Elfriede Ochsenfarth (*1914)

¹²⁵ “Durch einen Hinweis wurde uns bekannt, daß Obengenannte während der Zeit des Faschismus in der Nervenklinik Löbau tätig war”. ‘Bericht: Befragung der Bez.-Ärztin Dresden, OMR Dr. Ochsenfarth, 23. Mai 1964’: BStU, BV Leipzig, AOP 746/66, Bl. 147.

¹²⁶ Michael H. Kater, *The Nazi Party: A Social Profile of Members and Leaders, 1919–1945* (Oxford: Basil Blackwell, 1983), p. 137.

¹²⁷ To be historically correct, the Western Occupied Zones consisted of three separate zones and three sectors in West Berlin. In 1947, however, the American and British merged to a *Bizone* and in 1948, the French Zone joined and created the so-called *Trizone*, resulting in one West Zone with the separate status of West Berlin and the autonomy of the Saarland. However, the term West Zone or WBZ is used to enhance comprehension in the following.

¹²⁸ Further information on the issue of a supposedly completed de-Nazification in East Germany, see the studies of Weinke, *Die Verfolgung von NS-Tätern im geteilten Deutschl.*, p. 43; Ernst, ‘*Die beste Prophylaxe ist der Sozialismus*’, p. 162.

is one of the case studies used in this chapter. Her alleged involvement in ‘child euthanasia’ was neither addressed nor discussed by state officials until the mid-1960s.¹²⁹ In particular, regarding ‘euthanasia’ crimes, both the GDR and the *Bundesrepublik Deutschland* [Federal Republic of Germany – FRG] faced a new round of de-Nazification procedures due to the belated discovery of incriminated doctors almost twenty years after the Second World War. Large investigations in West Germany affected East Germany, as trial inquiries mentioned names of doctors who still practised in the GDR.¹³⁰ Ochsenfarth was not one of them, but she and Johannes Kuniß (*1904)—a doctor who was supposedly involved in ‘euthanasia’ and whose name appeared in West German trials¹³¹—had remarkable careers under the new socialist system that clashed with the state’s anti-Fascist paradigm. This chapter explores the transition of medical personnel, evidently burdened by their medical past, and their contemporary experience in the GDR.

This chapter achieves a better understanding of the different medical memories and experiences obtained in various circumstances by utilising a sample of 128 members of the database created for this project (See Appendix 1 (pp. 307–19)). However, the data used in this study has its limitations. The vast majority of personal information was found in the archival files of the former secret police of the GDR. Therefore, the scope of cases is restricted to individuals who came under the scrutiny of the state. Ramifications of this issue include that the degree of political involvement before 1945 is higher than in the

¹²⁹ Despite being involved as a witness in the Dresden Doctors’ Trial in 1947 and accused by a former wardress, Elfriede Ochsenfarth did not face any investigation. As archival sources suggest, Ochsenfarth had to answer some questions in 1964—the MfS apparently had no information about her involvement until this point. ‘Bericht: Befragung der Bez.-Ärztin Dresden, OMR Dr. Ochsenfarth, 23. Mai 1964’: BStU, MfS, BV Leipzig, AOP 746/66, Bl. 147. Her case recently received attention from the German media, television, and newspaper. One example represents the article of Oliver Reinhard, ‘Das Geheimnis der Bezirksärztin’, *Sächsische Zeitung*, 20 November 2014, p. 3.

¹³⁰ For this inter-German perspective, see the works of Weinke, *Die Verfolgung von NS-Tätern im geteilten Deutschl*, pp. 326–32; Leide, *NS-Verbrecher und Staatsicherheit*, pp. 332–53.

¹³¹ ‘Betr.: Euthanasie-Prozeß in Westdeutschland, 3. April 1963’: BStU, MfS, HA XX, 4980, Bl. 158.

studies of Ernst and Kater.¹³² Nevertheless, the data shows trends that the numbers from aforementioned authors confirm. Additional methodological problems lie in the accuracy of the biographical facts. In seven cases, the pre- and post-1945 political involvement is not clear. The inherent fallacies of this data were circumvented with help from secondary and online sources about people where possible. In cases in which this study has to rely on archives, inaccuracies could occur and bias the analysis.

Moreover, there is a historical issue: state authorities often had little or false data about their citizens due to the loss of documents during the war and an uneven dispersion of personal records throughout the occupied zones. The most prominent example was the Berlin Document Centre, established by the US authorities, that contained the files of almost all NSDAP members, and from other Nazi organisations. However, after initial cooperation successes between the WBZ and the SBZ, the imminent Cold War and foundation of two separate German states, which fought for legitimation and their place in their respective blocs, ultimately stopped almost all of the remaining inter-zonal de-Nazification efforts.¹³³ East Germany had to rely on their collected material, especially by the Head Department IX/ 11 of the MfS, to discover Nazi and war-crimes. Therefore, the analysis focusses on the perception of the East German intelligence apparatus of its medical personnel and how the information available affected the procedures against, and the life narratives of, Nazi doctors.

Despite all these drawbacks in methodology and its data, this chapter exposes the overlap between the Third Reich and the GDR regarding the political and ideological involvement of the medical profession. Not least, as Annette Weinke concludes, it was

¹³² Ernst, *Die beste Prophylaxe ist der Sozialismus*, p. 151, Table 13; Michael H. Kater, *Doctors Under Hitler* (Chapel Hill, N.C.: University of North Carolina Press, 1989), p. 245, Table 2.4. Kater's study is based on the medical licensure period for analysis purposes, whereas Ernst uses the same generational cohort method as this study.

¹³³ Ernst, *Die beste Prophylaxe ist der Sozialismus*, pp. 186–87; Weinke, *Die Verfolgung von NS-Tätern im geteilten Deutschl*, pp. 48–49.

Table 1: Distribution of Medical Professionals into Generational Cohorts from this Study and the Work of Ernst

Born between	Own Study (N=128)		Ernst (N=207)	
	Abs.	%	Abs.	%
Generation A - 1886–1895	16	12.5	41	19.8
Generation B - 1896–1905	34	26.6	56	27.0
Generation C - 1906–1915	64	50.0	79	38.2
Generation D - 1916–1925	14	10.9	31	15

Source: See Appendix 1, pp. 307–19; Ernst, *Die beste Prophylaxe ist der Sozialismus*, p. 151, Table 13. Numbers of her generations between 1886–1925 added up lead to a total of 207 instead of the overall

“Nazi incriminated people [referring to doctors, M.W.] of both German states [who] showed a disproportionately high willingness for adaptation and commitment”.¹³⁴ The result was that the opportunity to fall through the de-Nazification net was quite likely at any given time; even for doctors and other medical personnel heavily involved in the Nazi state.

The study prevents these factors from distorting the analysis by focussing on 128 members that were identified as the most reliable of the overall 168 in the database. For comparison purposes, these 128 people are split into four generational cohorts in line with Ernst’s study (Table 1(p. 63)). The creation of these generations is admittedly a retrospective endeavour and an artificial construction.¹³⁵ Many historians would prefer to refrain from using this term, as it is as vague as other homogenising historical concepts, such as class affiliation or nationhood.¹³⁶ No methodology or approach is sufficient to

¹³⁴ Weinke, *Die Verfolgung von NS-Tätern im geteilten Deutschl*, p. 330.

¹³⁵ The father of the generational concept is Karl Mannheim (*1893 – †1947), whose sociological writings from the 1920s have been influential to the present day. Karl Mannheim, ‘Das Problem der Generationen’, *Kölner Vierteljahrshefte für Soziologie*, 7 (1928), 157–85, 309–30. An important input was also given by the lecture of Sir Herbert Butterfield in 1971, discussing the importance of conflicts between the generations on an international level, especially for the twentieth century. Herbert Butterfield, *The Discontinuities Between the Generations in History: Their Effect on the Transmission of Political Experience* (Cambridge: Cambridge University Press, 1972).

¹³⁶ For the original meanings of class and nation, see the works of Karl Marx, *Karl Marx: Economy, Class, and Social Revolution*, ed. & trans. by Zbigniew A. Jordan (London: Joseph, 1971); Max Weber, *From Max Weber: Essays in Sociology* (London: Routledge, 2009).

encompass all facets of a generation, which, by nature, are highly diverse.¹³⁷ However, as the following analysis shows, distinct experiences would vanish if the data of the people in this project is analysed as a whole. The analytical context behind the ten-year cohorts is the identification of the contemporary events that, assumingly, most decisively shaped people's belief system and perception according to their age, and thus can be described as their primary socialisation—consequently labelling them a generation. With this foundation, the study follows the idea of identifying a “sense of generational distinctiveness”—for example, someone born in 1880 would have had a very different outlook towards the changing political systems than someone born in the midst of the First World War.¹³⁸

The following sections discuss the World War One Generation (born between 1886–1895), the Weimar Generation (1896–1905), the Generation of Depression and Upheaval (1906–1915), and the Nazi Generation (1916–1925), labelled according to their assumed primary socialisation. All of them had different experiences during their childhood or adolescence, which distinguishes them from one another. As Dorothee Wierling demonstrates, generations are also artificial products of public and political discourse—mainly defining their character in retrospect—as well as of the generational conflict in the form of demarcating themselves from predecessors in mentalities, attitudes, and ideologies.¹³⁹ This collective effort to construct generations should not

¹³⁷ Mark Roseman, 'Introduction: Generation Conflict and German History 1770–1968', in *Generations in Conflict: Youth Revolt and Generation Formation in Germany 1770–1968*, ed. by Mark Roseman (Cambridge: Cambridge University Press, 1995), pp. 1–46; Stephen Lovell, 'Introduction', in *Generation in the Twentieth-Century Europe*, ed. by Stephen Lovell (Houndmills: Palgrave Macmillan, 2007), pp. 1–18. Dorothee Wierling offers in her study an insightful discussion of different generational concepts and the development of an approach for the German postwar context. Dorothee Wierling, 'Generations and Generational Conflicts in East and West Germany', in *The Divided Past: Rewriting Post-War German History*, ed. by Christoph Klessmann (Oxford: Berg, 2001), pp. 69–89 (pp. 69–70).

¹³⁸ Lovell, 'Introduction', p. 3.

¹³⁹ Wierling, 'Generations and Generational Conflicts', pp. 70–71. Another important insight into the formation of generations in the public and private realm, gives Ulrike Jureit, 'Generationen-Gedächtnis: Überlegungen zu einem Konzept kommunikativer Vergemeinschaftungen', in *Die 'Generation der Kriegskinder': Historische Hintergründe und Deutungen*, ed. by Lu Seegers and Jürgen Reulecke (Gießen: Psychosozial-Verlag, 2009).

imply, however, that each member of an age cohort shows awareness about his affiliation with a particular generation. The complexity of human experience cannot be captured here, but with the framework of medical memories and experiences, it is possible to illuminate some of the unpredictable, often irrational, or even selfish behaviour of an individual within the historical and generational context. The creation of these East German age cohorts, especially in line with Ernst's analysis, gives this thesis the chance to identify specific characteristics of each generation.¹⁴⁰ This endeavour consequently enlightens the understanding of the interdependency between the socialisation, experience, and memory of the individual with its mnemonic community—a community of shared values and memories—and its social environment and state.

With that conceptual framework in mind, the chapter follows the work of Ernst and Fulbrook when analysing the four generations.¹⁴¹ Despite some common intergenerational features, medical memories and experiences of each cohort and within a mnemonic community are determined by the age at which they experienced key historical events and developments. As Fulbrook convincingly illustrates, the decades of open violence in the first half of the twentieth century left differentiated marks on personal lives, according to their age, and thus were the most defining experiences of any generation.¹⁴² She concludes that historians who are using a generational perspective towards history need to carry out their analysis with a 'history from within'—but they also need to consider the subjectivity of personal accounts.¹⁴³ Built upon Fulbrook's claims, this

¹⁴⁰ Ernst, *Die beste Prophylaxe ist der Sozialismus*, p. 151, Table 13.

¹⁴¹ Ibid.; Fulbrook, *Dissonant Lives*.

¹⁴² Fulbrook, *Dissonant Lives*, pp. 305, 488–91. See Chapter 4.

¹⁴³ Fulbrook, *Dissonant Lives*, pp. 479–80. Fulbrook also consciously demarcates her approach to the 'history of everyday life' and the oral history based 'history of experience'.

thesis develops an approach that investigates patterns of individual, group, and public behaviour—with the latter loosely based on the studies of Erving Goffman.¹⁴⁴

The biggest shortcoming of Goffman's work is, however, that he remains an 'observer' of social and public behaviour, thereby neglecting the internal motivation of each participant in an interaction.¹⁴⁵ The socially constructed desire to fit in by behaving according to a set of rules and thus upholding the purpose of a social gathering is only the visible part of people's public engagement. However, Goffman can offer the broader understanding of people's performance in the public realm, derived from their social predisposition and the social framework, inherent in the interaction.¹⁴⁶ His maxim, exemplified on flight attendants or auctioneers, that 'their uniform becomes their skin' is also applicable to the medical profession. By wearing their occupational uniform, they all play certain roles in, and sometimes even outside of, their institutional boundaries. This social conduct represents another layer on top of the discussed social bonds, as well as the traditional aspects of milieus and their overarching mentalities.¹⁴⁷ Nevertheless, even without a uniform, Goffman identified that everyone is willing to appear in a certain way to a certain audience.¹⁴⁸ It is this notion and that people "develop a corpus of cautionary tales, games, riddles, experiments, newsy stories, and other scenarios [sic]", which provides this thesis with valuable insight.¹⁴⁹ However, it is also important to question the internal motivation for the observable behaviour of individuals. The concept of medical memories and experiences sheds light on the potential motivations for the public conduct and self-presentation of physicians. Moreover, it is here where a parallel with Hunt can

¹⁴⁴ For his standard works, see Goffman, *Behavior in Public Places*; Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Harmondsworth: Penguin Books, 1968).

¹⁴⁵ A critique of Goffman's early work, offers Stanley Raffel, 'The Everyday Life of the Self: Reworking Early Goffman', *Journal of Classical Sociology*, 13 (2013), 163–78 (p. 166).

¹⁴⁶ Goffman, *Frame Analysis*.

¹⁴⁷ *Ibid.*, pp. 574–75.

¹⁴⁸ Goffman, *Behavior in Public Places*, pp. 26–27.

¹⁴⁹ Goffman, *Frame Analysis*, p. 563.

be identified, who in the same manner describes the phenomenon of modifying stories according to the situation, the time, and the audiences for life-narratives.¹⁵⁰ In this thesis, it is medical memories and experiences, which were developed in a narrative of the state, the mnemonic community, the institution, or the doctor, to serve their respective ends—especially, in the public realm and the social framework, as defined by Goffman. However, the unceasing efforts of “engineering a convincing impression”¹⁵¹ or narrative can be extremely stressful—a fact that Goffman neglected according to Stanley Raffel.¹⁵² As many of the following cases reveal, the attempt to prevent the exposure of a person’s adverse medical memories required skilful deception by an individual, or extensive investigation and intelligence efforts by the state to shield someone from accusations. Goffman’s theories, enriched by its critiques and the concept of medical memories and experiences, provide this chapter with a scheme to investigate the ‘staged interactions’ between the state, the mnemonic community, and the individual within set institutional boundaries as an overarching framework.

With this theoretical background, the thesis reveals continuities and discontinuities of the four generations of doctors in the transition from Nazism to Socialism. The following question arises here: what was the social and political background that determined the political involvement of the physicians, pre- and post-1945? This issue especially targets all possible overlaps between the so-called ‘two German dictatorships’. The answer to this question can be found in the following sections, which investigate how medical memories informed the decision-making of individuals, communities, and state authorities regarding a person’s opportunities and fate in the postwar era. Furthermore, they discuss, why a significant number of doctors rejected any state influence by referring to

¹⁵⁰ Nigel C. Hunt, *Memory, War, and Trauma* (Cambridge: Cambridge University Press, 2010), pp. 114–18.

¹⁵¹ Goffman, *The Presentation of Self*, p. 251.

¹⁵² Raffel, ‘The Everyday Life of the Self’, p. 166.

their profession as ‘apolitical’.¹⁵³ This statement is in sharp contrast to the high degree of their involvement in Nazi organisations, but reflects the plummeting of political activity after 1945 in East Germany among this group (Table 10 (p. 111) and Table 11(p. 113)). It was not only an exoneration strategy, but also the unconscious feeling of something that can be called ‘collective guilt’.¹⁵⁴ This term has been criticised for its pitfalls in recent historiographical debates¹⁵⁵ and by Hannah Arendt who rather pointed towards the ‘implicit’ versus ‘complicit’ guilt as the new ‘banality of evil’;¹⁵⁶ however, it offers one perspective of why, according to Weinke, contemporaries of the late 1940s desperately sought for *Ruhe* [peace and quiet].¹⁵⁷ This chapter offers insight through a generational approach and the use of case studies into the negotiation of doctors and the state within the context of postwar ‘silence’ and the imminent Cold War.

¹⁵³ For the longer perspective on the development of an ‘apolitical’ medical profession during the long-nineteenth century, see the study of Weidner, *Die unpolitische Profession*. For another recent, general overview of the cultural implication of the ‘unpolitical German’ in the postwar era and beyond, see Sean A. Forner, ‘Reconsidering the “Unpolitical German”: Democratic Renewal and the Politics of Culture in Occupied Germany’, *German History*, 32.1 (2014), 53–78.

¹⁵⁴ The recent study of Katharina von Kellenbach about articulation, denial and strategies of guilt in postwar Germany, offers an valuable addition to this topic. Katharina von Kellenbach, *The Mark of Cain: Guilt and Denial in the Post-War Lives of Nazi Perpetrators* (New York: Oxford University Press, 2013).

¹⁵⁵ For an example of the recent debate about ‘collective guilt’, see the article of Lars Rensmann, ‘Collective Guilt, National Identity, and Political Processes in Contemporary Germany’, in *Collective Guilt*, ed. by Nyla R Branscombe and Bertjan Doosje (Cambridge: Cambridge University Press, 2004), pp. 169–90.

¹⁵⁶ ‘German “Collective Guilt” a Fallacy, Arendt States at Ford Hall Forum’, *The Harvard Crimson*, 1964 <<http://www.thecrimson.com/article/1964/3/16/german-collective-guilt-a-fallacy-arendt/>> [accessed 29 October 2015].

¹⁵⁷ Weinke, *Die Verfolgung von NS-Tätern im geteilten Deutschl*, p. 333. For further information on that issue, see the fundamental study of Mitscherlich and Mitscherlich, *The Inability to Mourn*.

2.2 The World War One Generation: Born Between 1886–1895

*For his activity, [Josef Schnurrer] received a written commendation from the highest command of the SA as well as an award for duty from the NSDAP in bronze.*¹⁵⁸

Report of the MfS, Head Department XX, 1963

Born in 1890, Josef Schnurrer represents one example of the first generation who actively experienced the First World War. The war and its aftermath in Weimar had the biggest impact on this generation, born between 1886 and 1895, defining their primary socialisation and, according to Fulbrook, their ‘cultural availability for mobilisation’ for future political projects.¹⁵⁹ The numbers of this study in Table 2 (p. 70) are, in comparison with Ernst and Kater, distorted. This deviance is due to the fact—as explained above—that most of the cases in the database were obtained from the MfS files, which concentrated their investigations on former members of Nazi organisations. However, this does not invalidate the findings altogether; they can offer some valuable conclusions for this particular generation.

As shown in Table 2 (p. 70), the degree of ‘cultural availability for mobilisation’ was high for this cohort. The defeat in the First World War, the unrest in Weimar, and the right-wing narrative about the ‘stab in the back’ by left-wing politicians fuelled their support and approval of Hitler’s claims.¹⁶⁰ The latter was also true for Schnurrer, who joined the NSDAP and the *Sturmabteilung* [Storm Unit – SA] in 1930. According to the quotation above, he received high state awards for his service and was able to establish a stable

¹⁵⁸ “Für seine Tätigkeit erhielt er von der Obersten SA-Führung eine Schriftliche Belobigung sowie Dienstausszeichnungen der NSDAP in Bronze”. ‘Schnurrer, Dr. Josef — geb. 21.6.1890, 22. März 1963’: BStU, MfS, HA XX, 5752, Bl. 94.

¹⁵⁹ Fulbrook defines the ‘cultural availability for mobilisation’ as a given inner predisposition: people were readily available to be mobilised for an ideology, depending on the degree of their convictions and beliefs. Fulbrook, *Dissonant Lives*, pp. 483–84.

¹⁶⁰ *Ibid.*, p. 260.

Table 2: Generation A (1886–1895): Overview of the Political Involvement Before 1945 in Comparison to Studies of Ernst and Kater

Pre-1945	Own Study (N=16)		Ernst (N=41)		Kater (Average from Medical Licensure Period 1878–1924) ^(y)
	Abs.	%	Abs.	%	%
NSDAP	12	75.0	21	51.1	43.1
NSÄB	5	31.3	4 ^(x)	9.8	39.5
SA	5	31.3	9	22.0	21.0
SS	2	12.5	1	2.4	3.9
Without	2	12.5	9	22.0	/

Sources: See Appendix 1, pp. 307–08; Ernst, *Die beste Prophylaxe ist der Sozialismus*, p. 151, Table 13; Kater, *Doctors under Hitler*, p. 245, Table 2.4. (x) This number represents people, who were only involved in NSÄB or similar Nazi organisations, without an NSDAP, SS, or SA membership. Therefore, this number is low compared to the actual involvement in the NSÄB. (y) Kater uses in his study the medical licensure period to separate his cohorts. For example, for Generation A, when calculated from the birthdate, the medical licensure period was around 1912 to 1922. Therefore, the two studies are only comparable to a certain extent. However, Kater’s analysis is important to contextualise and confirm the trends, identified here.

career as councillor and assessor in a district court during the Third Reich.¹⁶¹ One of his contemporaries, Friedrich Wilhelm Brekenfeld (*1887), was in a similar situation. Brekenfeld boosted his personal progress by joining the NSDAP in 1937 and becoming the *Deutsches Rotes Kreuz* [German Red Cross – DRK] *Generalsauptführer* [general head leader] and Leader of the *Landesstelle* [provincial office] III—Berlin and Brandenburg—of the DRK.¹⁶² The statement in one of his works from 1939 proves that Brekenfeld’s decision to join the Nazi party was not solely a pragmatic one:

[The DRK] requires from its [male and female] leaders and sub-leaders other than the technical understanding of medical care also real leadership qualities and to be completely absorbed in the National Socialist ideology. [...] In the most difficult hours, the swastika also gives them strength and confidence in their actions as well as endurance [.] sense and aim: ‘All for Germany!’¹⁶³

¹⁶¹ ‘Schnurrer, Dr. Josef — geb. 21.6.1890, 22. März 1963’: BStU, MfS, HA XX, 5752, Bl. 94.

¹⁶² ‘Dr. Friedrich-Wilhelm Brekenfeld, 2. März 1963’: BStU, MfS, HA XX, 5749, Bl. 134–36.

¹⁶³ ‘Es verlangt von seinen Führer/innen und Unterführer/innen außer der technischen Beherrschung des Sanitätsdienstes echte Führerqualitäten und restloses Aufgehen in der nationalsozialistischen Weltanschauung. [...] Das Hakenkreuz gibt ihnen darüber hinaus in schwersten Stunden Kraft und Zuversicht im Handeln und Ausharren Sinn und Ziel: ‘Alles für Deutschland!’’. ‘Dr. Friedrich-Wilhelm Brekenfeld’: BStU, MfS, HA XX, 5749, Bl. 135.

Both Schnurrer and Brekenfeld were in their forties when Hitler assumed power in Germany—they are outstanding examples of careerists under the banner of Nazism and apparently were proponents of its ideology. However, for them and others of this generation, the experience of another defeat—this time, a ‘total’ one, with foreign powers occupying Germany entirely after a war in which they were involved—might have caused a political disenchantment, the averting of unnecessary attention by the public and authorities, and the wish to retreat and concentrate on family life that prevented them from further political participation in the GDR.¹⁶⁴ As a result, only around 44 per cent of this group were organised in political parties, and 37.5 per cent even avoided any civil commitment after 1945 (Table 3 (p. 73)). By contrast, only 12.5 per cent were not politically active during the Third Reich (Table 2 (p. 70)).

Brekenfeld, for example, was not involved in any political organisation in postwar East Germany. However, he became a professor at the Humboldt University in Berlin and was the Director of the Head Department of Hygiene within the *Ministerium für Gesundheitswesen* [Healthcare Ministry – MfG] in the GDR. For example, he was responsible for blood donation regulations, including the issues surrounding syphilis transmissions through blood transfusion. Therefore, Brekenfeld had negotiated a crucial position within the GDR healthcare system with a continuation of medical memories and experiences: his views on medical issues shaped the postwar East German healthcare system.¹⁶⁵ Even after his retirement from this position, he remained a scientific officer and advisor at the MfG and received prestigious awards for his work. This career path was possible despite the fact that he was not politically involved in the GDR and was a former proponent of the Nazi regime in a high position.¹⁶⁶

¹⁶⁴ Fulbrook, *Dissonant Lives*, p. 260.

¹⁶⁵ ‘Anordnung über das Blutspendewesen, 8. September 1951’: BArch, DQ 1/2209, Bl. 276.

¹⁶⁶ ‘Dr. Friedrich-Wilhelm Brekenfeld, 2. März 1963’: BStU, MfS, HA XX, 5749, Bl. 134–36.

Brekenfeld and the Generation A's general unwillingness to engage politically with the new system was mostly due to their primary socialisation and ideological predisposition, as well as their age being over fifty in 1945, which may have impeded any further commitment.¹⁶⁷ Egbert Schwarz (*1890) is an example of this tendency. Schwarz had a steady career in East Germany, despite the fact that he was heavily involved in Nazi organisations during the Third Reich: with memberships in the NSDAP, the *Nationalsozialistischer Ärztebund* [National Socialist Doctors' Association – NSÄB], and, most problematically, in the *Schutzstaffel* [SS]. As archival sources suggest, his further commitment rested wholly on the 'scientific' side of his job as a professor at the Medical Academy in Erfurt and his membership and high position in the *Leopoldina*—a supposedly 'apolitical' scientific association of natural scientists founded in the 17th century.¹⁶⁸ Consequently, Schwarz fell into the long tradition, exposed by Tobias Weidner, of the medical profession's claim to be 'apolitical'—somewhat elevated over the 'petty business of politics'.¹⁶⁹ This communication strategy of silence and denial—itself highly political—was not limited to the medical personnel, but was also true for the East German engineers, as shown by Dolores L. Augustine.¹⁷⁰ She identifies that their retreat into an 'apolitical' disposition was “based partly on the defence mechanisms developed by technical professionals working for the Nazis to justify themselves after the war”, as well as “rooted in [their] professional ideology”.¹⁷¹ These two statements represent a fundamental contradiction, as, in the 1960s, the short-lived technocrats worked on behalf of the state and fulfilled its economic and political goals.¹⁷² In general, as Fulbrook concludes, it was the

¹⁶⁷ For example, see the MfS evaluation of the situation in the healthcare system in 1958. 'Bericht über die Lage im Gesundheitswesen der DDR, 29. August 1958': BStU, MfS, ZAIG, 122, Bl. 24

¹⁶⁸ 'Prof. Dr. Schwarz, Egbert, 21. April 1959': BStU, MfS, HA XX, 5752, Bl. 130–32.

¹⁶⁹ Weidner, *Die unpolitische Profession*, pp. 392–93.

¹⁷⁰ Augustine, *Red Prometheus*, pp. XVIII–XIX.

¹⁷¹ *Ibid.*

¹⁷² For further information, see Jeffrey Kopstein, *The Politics of Economic Decline, 1945–1989* (Chapel Hill, N.C.: University of North Carolina Press, 1997), pp. 45–48; Thomas A. Baylis, *The Technical Intelligentsia and the East German Elite: Legitimacy and Social Change in Mature Communism* (Berkeley: University of California Press, 1974), pp. 262–64; John C. Torpey, *Intellectuals, Socialism, and Dissent: The*

Table 3: Generation A (1886–1895): Overview of the Political Involvement After 1945

Post-1945	Own Study(N=16)		Overlap Pre-/Post-1945 (N=16)		Percentage of Total number of Political Organisation ^(x)
	Abs.	%	Abs.	%	%
SED	3	18.8	1	6.3	33.3
FDGB	6	37.5	4	25.0	66.7
DSF	1	6.3	0	0.0	0.0
Bloc-Parties	4	25.0	3	18.8	75.0
Without	6	37.5	6	37.5	100.0

Source: See Appendix 1, pp. 307–08. (x) Percentages represent the proportion of people in this postwar party or organisation, which were involved in pre-1945 Nazi organisations to various degrees.

notion of “a profession of ignorance held up as a profession of innocence”,¹⁷³ which contemporaries created in the postwar era. It exemplifies an important strategy of self-exoneration and the re-assembled life-narratives, which were shattered by the memories and experiences of defeat, chaos, and uncertainty, pre- and post-1945.

However, some individuals from this cohort decided to get involved in politics again—if out of conviction, pragmatism, or both is not always clear. Schnurrer, for example, joined the *National-Demokratische Partei Deutschlands* [National Democratic Party of Germany – NDPD] and became an active functionary with a seat in the *Nationalrat der Nationalen Front der DDR* [National Council of the National Front of the GDR]—the overarching organisation for all ‘oppositional’ parties in East Germany. His pre-1933 involvement in the National Socialist movement suggests that Schnurrer joined the National Party out of conviction.¹⁷⁴ In general, the membership in other parties, like the NDPD or *Liberal-Demokratische Partei Deutschlands* [Liberal Democratic Party of Germany – LDPD], is higher than in the SED (Table 3 (p. 73)). Moreover, a substantially greater percentage of other parties’ members were involved in Nazi organisations than those who

East German Opposition and its Legacy (Minneapolis, M.N.: University of Minnesota Press, 1999), p. 57; Fulbrook, *The People’s State*, p. 185; Fulbrook, *Anatomy of a Dictatorship*, p. 80; *Das Gesundheitswesen der DDR in der Periode des Übergangs zum umfassenden Aufbau des Sozialismus und der Entwicklung des neuen ökonomischen Systems (1961–1971)*, ed. by Horst Spaar, *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil 4* (Berlin: Interessengemeinschaft Medizin und Gesellschaft, 2000), pp. 8–9.

¹⁷³ Fulbrook, *Dissonant Lives*, p. 477.

¹⁷⁴ ‘Schnurrer, Dr. Josef — geb. 21.6.1890, 22. März 1963’: BStU, MfS, HA XX, 5752, Bl. 94.

became part of the socialist vanguard. This finding supports the thesis that the so-called *Blockparteien* [bloc-parties], composed of the *Christlich-Demokratische Union (Ostdeutschland)* [Christian Democratic Union (East) – CDU], NDPD, and LDPD were deliberately created by the SED. Their aim was to integrate and accommodate former NSDAP members and contemporary right-wing or conservative groups within the new socialist society.¹⁷⁵ However, the political self-determination and policy influence of bloc-parties was limited and the parties' sovereignty was increasingly dismantled by the SED's overruling demands of controlling the output of social organisations.¹⁷⁶ Nevertheless, this study shows that the creation of these parties was a success for the GDR when considering the medical profession's overall reluctance and even refusal of political activity in general and Generation A in particular.

Karl Linser (*1895), on the other hand, was an example of a person who, apart from his memberships in the SA and the *Nationalsozialistische Volkswohlfahrt* [National Socialist People's Welfare – NSV], could identify his views with the new socialist party.¹⁷⁷ In the postwar era, in particular, Linser was the architect behind the policies of curbing widespread sexually transmitted diseases (see Chapter 3). Therefore, he is another example of the continuity of medical concepts in the form of memory and experience: Linser used his knowledge of medicine and had an accelerated career in the GDR that favoured these 'social hygienic' views that he derived from the Weimar Republic.¹⁷⁸ From a hospital

¹⁷⁵ Roland Höhne, 'Von der Wende zum Ende: Die NDPD während des Demokratisierungsprozesses', in *Parteien und Wähler im Umbruch: Parteiensystem und Wählerverhalten in der ehemaligen DDR und den neuen Bundesländern*, ed. by Oskar Niedermayer and Richard Stöss (Wiesbaden: VS, 1994), pp. 113–42 (p. 114).

¹⁷⁶ Further information of the hierarchy and the position of the bloc-parties in the GDR system provides Höhne, 'Von der Wende zum Ende', pp. 113–15.

¹⁷⁷ Peter Schneck, 'Linser, Karl', *Biographische Datenbanken: Wer war wer in der DDR? Ein Lexikon ostdeutscher Biographien' und 'Deutsche Kommunisten: Biographisches Handbuch 1918 bis 1945'*. Bundesstiftung zur Aufarbeitung der SED-Diktatur, 2009 <<http://www.bundesstiftung-aufarbeitung.de/wer-war-wer-in-der-ddr-%2363%3B-1424.html?ID=2117>> [accessed 3 November 2015].

¹⁷⁸ See Chapter 3. For Linser's influence, not least in shaping the SMAD Command 273, and eminent position in curbing venereal disease in the postwar era, see, for example, 'Rat der Stadt Dresden, Dezernat Gesundheitswesen an Herrn Präs. Prof. Dr. Linser, DWK, HA GW, 7. Dezember 1948': BArch, DQ 1/128, Bl. 214; StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 1.

in Dresden, he was promoted to become a professor in Leipzig in 1946, before he left for Berlin one year later. There Linser became the next Head of the *Deutsche Zentralverwaltung für das Gesundheitswesen in der sowjetischen Besatzungszone* [German Central Administration of Healthcare in the Soviet Occupied Zone – DZVGW]—a typically stellar postwar career of selected, reputable, and SED-conforming doctors.

Paul Konitzer (*1894) preceded Linser as the Head of the DZVGW and was another representative of Generation A and SED member.¹⁷⁹ After a short career at the top of the East German healthcare system, the Secret Police Department of the *Министерство внутренних дел* [Soviet Interior Ministry – MVD] arrested him due to the suspected involvement in harming Russian prisoners of war [POWs]. However, Konitzer died shortly after his incarceration—if by suicide or execution firing squad is not entirely clear.¹⁸⁰ Regardless of whether or not the accusation against Konitzer was true, it is a remarkable example of fast-moving postwar life. After initial success and development, an individual life could fall apart overnight due to, in this case, medical memories of soldiers, mistreated in a POW camp, and of Konitzer itself, which caught up with him. These memories and the expectation of punishment either burdened him to such extent that he sought a way out through suicide, or these memories informed officials to decide that he was eligible to be eliminated.

This section has exposed the continuities between the National Socialist and the East German state in the form of local doctors and health officials from Generation A—

¹⁷⁹ Konitzer represented for Moser the impersonated continuity of Weimar traditions, which he implemented with the help of the Soviet authorities. Moser, *Im Interesse der Volksgesundheit ...*, pp. 177–78.

¹⁸⁰ There are different views about how Konitzer died two months after his incarceration in February 1947. According to Clive Freeman, who refers to a report of Linser, Konitzer died through execution. Russian authorities, however, informed the son of Konitzer recently, that his father killed himself in prison. Peter Schneck, 'Konitzer, Paul', *Biographische Datenbanken: Wer war wer in der DDR? Ein Lexikon ostdeutscher Biographien* und *Deutsche Kommunisten: Biographisches Handbuch 1918 bis 1945*. Bundesstiftung zur Aufarbeitung der SED-Diktatur, 2009 <<http://www.bundesstiftung-aufarbeitung.de/wer-war-wer-in-der-ddr-%2363%3B-1424.html?ID=1834>> [accessed 3 November 2015]; Clive Freeman and Gwynne Roberts, *Der kälteste Krieg: Professor Frucht und das Kampfstoff-Geheimnis* (Berlin: Ullstein, 1982), pp. 42–43.

and with this, the survival of medical concepts and memories that would shape the postwar healthcare system accordingly. Nevertheless, a high number of the medical personnel avoided any political commitment after 1945 (Table 3 (p. 73)). All these members of Generation A, who avoided political engagement during East Germany's socialist transformation, had an National Socialist past: a feature, though, which is not limited to this age cohort.

2.3 The Weimar Generation: Born Between 1896–1905

*At an assault of the SA on a summer house settlement [...] [he was] asked, don't you see Dr Schneider, how they maltreat humans here, and he answered, that is no concern of mine, I am not on duty.*¹⁸¹

Report of the MfS, Head Department XX, 1956

In 1965, the MfS investigated the past of Leipzig's District Doctor, Johannes Schneider (*1896) when his acquaintance with Herbert Becker (*1900)—an alleged member of the Planning Department at the Nazi 'euthanasia' headquarters known as *Aktion T4*—made him suspicious to the authorities.¹⁸² Schneider's former NSDAP membership, his public behaviour, and the memories of the local community, registered by the MfS during their investigations, made him appear unreliable for state authorities. He did not put up "[a] flag or propaganda [...] on his property" and neighbours described him as "presumptuous and aloof"—thus representing a parallel to the denunciation reports of neighbours to the Gestapo during the Third Reich.¹⁸³ However, as archival sources suggest, the MfS was not eager in following up this connection to clarify Schneider's activities, for example as a former military doctor in Warsaw.¹⁸⁴ These officially repressed medical memories of an individual by the East German intelligence apparatus were due to an inter-German incident: in West Germany in 1962, the lawsuit against Werner Heyde (*1902) and others,

¹⁸¹ "[B]eim Überfall der SA auf eine Wohnlaubensiedlung [...] [wurde er] gefragt, sehen sie den nicht Herr Dr. Schneider, wie man hier die Menschen mißhandelt und dieser antwortete, das geht mich nichts an, ich bin nicht im Dienst". 'Ermittlungsauftrag Nr. 1697, 15. Juni 1956': BStU, MfS, HA XX, 3310, Bl. 84.

¹⁸² For Herbert Becker's case, see, BStU, MfS, HA IX/11, RHE-West 178/1 and 178/2; for Schneider's case, see, 'Ermittlungsauftrag Nr. 1697, 15. Juni 1956': BStU, MfS, HA XX, 3310, Bl. 83–85; and for further information about the general context, see, Leide, *NS-Verbrecher und Staatssicherheit*, pp. 338–40.

¹⁸³ 'Ermittlungsauftrag Nr. 1697, 15. Juni 1956': BStU, MfS, HA XX, 3310, Bl. 84. For the Gestapo context and comparison of denunciations by neighbours, see Frank McDonough, *The Gestapo: The Myth and Reality of Hitler's Secret Police* (London: Coronet, 2015), chap. 5.

¹⁸⁴ 'Ermittlungsauftrag Nr. 1697, 15. Juni 1956': BStU, MfS, HA XX, 3310, Bl. 83–85; 'Sachstandsbericht — Betr.: Operativ-Vorlauf "Vergangenheit", 9. Juni 1964': BStU, MfS, BV Leipzig, AOP 746/66, Bl. 185. For an overview of the history of denunciation, see Betts, *Within Walls*, pp. 42–50.

whom state prosecutors believed to be involved in ‘euthanasia’ during the Third Reich, received extensive media coverage. The reason for this broad interest was not least due to the suicide of the chief suspect, Heyde, and the incarceration of a media reporter on the grounds of “political defamation”: the reporter was behind bars because he revealed that FRG state authorities knew about Heyde’s false identity as early as the late 1950s.¹⁸⁵ Due to this legal case, the efforts of the West German investigators stretched across the border to East Germany. In their official letter rogatory, they mentioned names of doctors, who might have been involved in the ‘Euthanasia Programme’, but were still practising in the GDR. Becker was one of them and thus supposed to appear as a witness in West Germany. Evidence and the testimony of a former colleague were readily available, confirming that he worked as a member of the Planning Department in the *Aktion T4* programme.¹⁸⁶ However, East German state authorities circumvented cooperation with the West by initiating investigative efforts of their own. They used the results of these exertions to convince West German prosecutors that Becker was not needed on the witness stand—a typical strategy of the MfS and the SED in the 1960s to prevent uncomfortable revelations.¹⁸⁷ Therefore, Schneider and Becker’s smooth transitions from the Third Reich into the GDR were ordinary life stories of the ‘Weimar Generation’.

A high degree of participation during the Third Reich was, according to Fulbrook, characteristic of the ‘First War Youth’ or ‘Weimar Generation’.¹⁸⁸ The experiences of defeat and the loss of older relatives shaped their primary socialisation and partially resulted

¹⁸⁵ ‘Heyde-Mitwisser: Die Schatten weichen’, *Der Spiegel*, 6 (1962), 30–31 (p. 31); ‘Heyde/Sawade — Verstumme Zeugen’, *Der Spiegel*, 23 (1960), 35–38; ‘Euthanasie — Die Kreuzelschreiber’, *Der Spiegel*, 19 (1961), 35–44; Nina Grunenberg, ‘Der merkwürdige Fall Heyde: Sollte der „Euthanasie“-Prozeß nicht stattfinden?’, *Die Zeit*, 21 February 1964 <<http://www.zeit.de/1964/08/der-merkwuerdige-fall-heyde>>.

¹⁸⁶ Leide, *NS-Verbrecher und Staatsicherheit*, pp. 339–40. Further information can be found in ‘Auskunftsbericht, 22. Dezember 1965’: BStU, MfS, HA XX, 3310, Bl. 89–93; BStU, MfS, HA IX/11, RHE-West 178/1 and 178/2

¹⁸⁷ ‘Abschlußbericht zum Vorlauf-Operativ “Vergangenheit”’, 28. Februar 1966’: BStU, MfS, BV Leipzig, AOP 746/66, Bl. 307–09. For a similar conclusion, see Leide, *NS-Verbrecher und Staatsicherheit*, p. 340.

¹⁸⁸ Fulbrook, *Dissonant Lives*, p. 488.

Table 4: Generation B (1896–1905): Overview of the Political Involvement Before 1945 in Comparison to Studies of Ernst and Kater

Pre-1945	Own Study (N=34)		Ernst (N=56)		Kater (Average from Medical Licensure Period 1919–1932) ^(y)
	Abs.	%	Abs.	%	%
NSDAP	27	79.4	31	55.4	50.8
NSÄB	9	26.5	9 ^(x)	16.7	46.2
SA	12	35.3	13	23.2	28.4
SS	3	8.8	1	1.8	7.4
Without	7	20.6	8	14.3	/

Sources: See Appendix 1, pp. 309–11; Ernst, *Die beste Prophylaxe ist der Sozialismus*, p. 151, Table 13; Kater, *Doctors under Hitler*, p. 245, Table 2.4. (x) This number represents people, who were only involved in NSÄB or similar Nazi organisations, without an NSDAP, SS, or SA membership. Therefore, this number is low compared to the actual involvement in the NSÄB. (y) Kater uses in his study the medical licensure period to separate his cohorts. For example, for Generation B, when calculated from the birthdate, the medical licensure period was around 1922 to 1932. Therefore, the two studies are only comparable to a certain extent. However, Kater’s analysis is important to contextualise and confirm the trends, identified here.

in their prominent involvement in the right-wing violence of the Weimar years. However, Detlef Peukert illustrates the diversity of the Weimar youth, suggesting that only a small portion of adolescents were politically organised. Consequently, the influx of the Weimar Generation into the nationalistic youth needs to be contextualised: they had significantly fewer members than the socialist youth movement—and both were rather peripheral parts of the Weimar youth. Nevertheless, as Peukert concludes, “the influence [of these two youth groups] was certainly greater than their relatively low levels of memberships implied”.¹⁸⁹ Fulbrook follows this argument, stating that the nationalistic youth movement was “a significant and highly visible minority of the first-war youth generation”, which was driven by the desire to avenge the defeat.¹⁹⁰ Due to this context, they were easily influenced by Hitler’s propaganda and predisposed to become the foundation of Nazi organisations.¹⁹¹ However, this section qualifies these judgements of Fulbrook and Peukert as only one part of the story of this generation. As shown in the

¹⁸⁹ Detlev J. K. Peukert, *The Weimar Republic: The Crisis of Classical Modernity* (London: Lane, 1991), p. 89–95, here 91.

¹⁹⁰ Fulbrook, *Dissonant Lives*, p. 488.

¹⁹¹ *Ibid.*, pp. 488–89.

example of Becker and Schneider, their transition between the political systems was exceptional (Table 5 (p. 83)). Many from this group were able to pursue remarkable careers in both the Third Reich, in their late twenties and early thirties, as well as in the GDR, when they were in their forties. Their age is significant here, as it can explain this transition: they were young careerists, who often experienced unemployment during the Weimar Republic due to the economic crisis. The Third Reich, however, provided them with an upwards mobility, which this generation sought, due to the exploitation and segregation of minority groups.¹⁹² In the postwar era, it was this cohort, composed of middle-aged, experienced, and skilled professionals, on which the Soviet and GDR authorities had to rely to curb epidemic diseases. Therefore, it was their skills in the form of medical memories and experiences, which protected most of them from bigger life or career breaks and often de-Nazification procedures after 1945.

Johannes Kuniß (*1904) illustrates the ramifications of this finding and thereby represents another notable example of this highly unique, but diverse Generation B. After his incarceration in the immediate postwar period, Kuniß regained high positions in the mental hospital in Waldheim from 1950 onwards. He had become an FDGB and DSF member before he joined the SED in 1960. However, Kuniß was not only greatly involved in the Third Reich politically—with memberships in the NSDAP, SA, NSÄB, and NSV—but he also worked in numerous mental institutions in high positions, which suggests his knowledge about, or even participation in, the ‘Euthanasia Programme’.¹⁹³

Furthermore, Kuniß was a psychiatric expert and medical consultant in public office in Leipzig.¹⁹⁴ This former employment led to an incident which gives some insight

¹⁹² Fulbrook, *Dissonant Lives*, p. 488–89.

¹⁹³ For the West German trial report, in which his name was mentioned, see, ‘Betr.: Euthanasie-Prozeß in Westdeutschland, 3. April 1963’: BStU, MfS, HA XX, 4980, Bl. 158.

¹⁹⁴ Sometimes, archival sources refer to him as ‘Kunis’ instead of ‘Kuniß’. For example, ‘Auskunftsbericht. Kunis, Johannes, 13. August 1964’: BStU, MfS, AP 6338/77, Bl. 15–17.

into the internal procedures and the negotiation strategies in the GDR regarding reputable doctors and their questionable past. In his position as a psychiatric expert in Leipzig, Kuniß was supposedly responsible for committals to mental asylums, like Zschadraß, which often had political rather than medical reasons. With 47 petitions and inquiries¹⁹⁵ to different GDR and foreign state, media, and societal bodies, Anne Müller and her brother Bernd Müller¹⁹⁶ tried to initiate a prosecution of Kuniß. They accused him of being an SS doctor, who carried out political crimes.¹⁹⁷ Anne Müller, claiming to be a convinced communist, suggested that Kuniß committed her to Zschadraß for political reasons after she had been publicly denounced. According to Müller, she was mistreated and doomed to be killed in this institution, a fate which was only averted by the intervention of her former husband, a dentist.¹⁹⁸ The GDR authorities, however, reacted differently than expected from an ‘anti-Fascist’ state. Anne and Bernd Müller became a nuisance to the SED due to their wide-ranging activity and campaign to raise awareness of their cause inside and outside of East Germany. The state prosecution office decided to issue a warrant and put them under arrest.¹⁹⁹ Thereafter, they forcefully evicted Anne Müller from her apartment.²⁰⁰

As archival sources reveal, Anne and Bernd Müller had already come to the state’s attention in the 1950s, which led to their expulsion from the socialist party.²⁰¹ These pre-

¹⁹⁵ ‘Vernehmungsprotokoll, 8. April 1965’: BStU, MfS, BV Lpz, AU 1924/65, Bd. 2, Bl. 166–73, here 169–70.

¹⁹⁶ Names were made anonymous due to public and archival restrictions. Therefore, the fictitious names Anne Müller and Bernd Müller are used to enhance comprehension in the following.

¹⁹⁷ ‘Fristverlängerung, 8. Juni 1965’: BStU, MfS, BV Lpz, AU 1924/65, Bd. 1, Bl. 297–298.

¹⁹⁸ ‘[Anne Müller] Heute—nach fast zwanzig Jahren—zeige ich nochmal das furchtbarste Kapitel meines Lebens auf, 25. April 1964’: BStU, MfS, BV Lpz, AU 1924/65, Bd. 1, Bl. 11–18.

¹⁹⁹ ‘Haftbeschuß/ Haftbefehl [Anne Müller], 22. Februar 1965’: BStU, MfS, BV Lpz, AU 1924/65, Bd. 2, Bl. 10–11.

²⁰⁰ ‘Aktannotiz, 18. März 1965’: BStU, MfS, BV Lpz, AU 1924/65, Bd. 2, Bl. 136.

²⁰¹ ‘Ermittlungsbericht [Anne Müller], 1. September 1964’: BStU, MfS, BV Lpz, AU 1924/65, Bd. 1, Bl. 45–46; ‘Ermittlungsbericht [Bernd Müller], 3. September 1964’: BStU, MfS, BV Lpz, AU 1924/65, Bd. 1, Bl. 47–48.

conditions appeared to be one of the main reasons why the MfS directed its investigational efforts towards them instead of Kuniß. The result was that a witness report about Anne Müller's condition after her release from Zschadraß—stating that she had “bruised places spread over her body and a wound on her head, which was caused by tearing off a tuft of hair”—was apparently disregarded.²⁰² The state security service was more concerned about the impact of Anne Müller's arrest on the mood and rumours among the neighbourhood.²⁰³ In the end, Anne Müller faced institutionalisation due to a certificate that described her as having a “psychopathic personality”, and her brother met “criminal proceedings for slandering the state or for the defamation and insult” of Kuniß.²⁰⁴ At this moment, however, Bernd Müller turned against his sister and claimed that her “delusional ideas” blinded him.²⁰⁵ Subsequently, the state dropped the accusations against Bernd, whereas Anne Müller did not face prosecution, but remained in a mental asylum.²⁰⁶

Nevertheless, Anne and Bernd Müller could not know that Kuniß was a contracted psychiatric assessor of prisoners for the state security service. Regardless of whether or not the accusations against Kuniß were true, it was this connection to the MfS, combined with the GDR's hesitations to investigate their reputable doctors in the 1960s, which evidently protected Kuniß from any further consequences. Moreover, he must have been aware of his bargaining power in these negotiations because Kuniß refused any further work for the MfS if state authorities were unable to quash the accusations—they, in turn, did everything to calm him down and assure him of their protection.²⁰⁷ This case illustrates how medical memories and experiences of a doctor and the state worked hand in

²⁰² ‘Bericht, 19. März 1965’: BStU, MfS, BV Lpz, AU 1924/65, Bd. 2, Bl. 147.

²⁰³ ‘Beschuldigte [Anne Müller], 19. März 1965’: BStU, MfS, BV Lpz, AU 1924/65, Bd. 2, Bl. 148 and reports 149–53.

²⁰⁴ ‘Betr.: Anzeigeerstattung des [Bernd Müller], in Sachen seiner Schwester [Anne Müller] gegen den Dr. H. Kuniß, Waldheim, 24. August 1964’: BStU, MfS, AP 6338/77, Bl. 19–23, here 22 and 23.

²⁰⁵ ‘Abschlußbericht, 5. Juli 1965’: BStU, MfS, BV Lpz, AU 1924/65, Bd. 2, Bl. 214–18, here 217–18.

²⁰⁶ ‘Verfügung, 31. Juli 1965’: BStU, MfS, BV Lpz, AU 1924/65, Bd. 2, Bl. 220.

²⁰⁷ ‘Betr.: Anzeigeerstattung des [Bernd Müller], in Sachen seiner Schwester [Anne Müller] gegen den Dr. H. Kuniß, Waldheim, 24. August 1964’: BStU, MfS, AP 6338/77, Bl. 19–23, here 21–22.

Table 5: Generation B (1896–1905): Overview of the Political Involvement After 1945

Post-1945	Own Study(N=34)		Overlap Pre-/Post-1945 (N=34)		Percentage of Total number of Political Organisation ^(x)
	Abs.	%	Abs.	%	%
SED	8	23.5	5	14.7	62.5
FDGB	15	44.1	12	35.3	80.0
DSF	8	23.5	6	17.6	75.0
Bloc-Parties	6	17.6	6	17.6	100.0
Without	13	38.2	10	29.4	76.9

Source: See Appendix 1, pp. 309–11. (x) Percentages represent the proportion of people in this postwar party or organisation, which were involved in pre-1945 Nazi organisations to various degrees.

hand: the state was interested in concealing the past of a reputable doctor to its benefit, while the physician used his medical experiences and political integration to secure his position within the state. By contrast, the state classified the medical memories and experiences of the individual, here in the form of Anne Müller, as a nuisance and disregarded them accordingly; they even used them against her.²⁰⁸ Kuniß's example—even if this circumstance can be described as extraordinary—represents one possible coping and negotiation strategy, which involved the cooperation with, and the protection from, the state, that did not stand alone, as similar cases in this chapter illustrate.

Nevertheless, the medical profession as an often enclosed mnemonic community enjoyed not only the protection by the GDR, but also faced prosecution. The medical memories of, and the negotiation between, the individual and the state led to a different political outcome if the authorities saw their chance to prosecute medical crimes and former Nazis. As Leide concludes for Otto Hebold's (*1896) case—an *Aktion T4* advisor—if the state decided that a doctor was dispensable, and if the potential negative internal and international impact of a trial was expected to be minimal, proceedings were possible.²⁰⁹ The SED arrived at the same conclusion regarding Kurt Heißmeyer (*1905),

²⁰⁸ Leide identifies another striking example, in which facts were used against a person who raised accusations against a former Nazi, even in the case of a convinced communist. Leide, *NS-Verbrecher und Staatsicherheit*, pp. 293–96.

²⁰⁹ Leide, *NS-Verbrecher und Staatsicherheit*, pp. 136–44.

who was involved in medical experiments during the Second World War. He represents another exceptional case of this generation because he was able to practice undisturbed as a private doctor of pneumonic diseases for almost twenty years. However, in 1963, Heißmeyer faced prosecution and received a life sentence in 1966.²¹⁰ Leide concludes that the SED and MfS employed the following calculation: the state would only prosecute cases in which a life sentence or capital punishment was the certain outcome. Moreover, it was important that the defendant could be portrayed as a “regrettable individual offender who skilfully understood how to disguise himself in the GDR society” during the procedures.²¹¹ In Heißmeyer’s case, another important fact seems to be decisive: he was neither in a high position nor politically involved and epitomised an ideologically-undesirable private practitioner.²¹² Apart from this political calculation, this thesis adds medical memories and experiences to the precondition for any trials against doctors. The cases of Kuniß and Heißmeyer illustrate that their individual value to the state was determined by the political and social context of their ‘medical experiences’. Dissimilar ‘medical memories’ of both—where one carried out medical experiments in a concentration camp, and the other was supposedly involved in ‘euthanasia’ and committed people to mental asylums for political reasons—resulted in contradictory decisions by the state. Therefore, this thesis refrains from generalising the postwar adaptation strategies of former Nazi members, as the framework of medical memories and experiences uncovers highly diverse life paths of individuals and reactions of the state or mnemonic community.

Apart from these singular cases, the political activity of Generation B from this database was, as for Generation A, around 40 per cent in the postwar era. This relatively

²¹⁰ ‘Anklageschrift, 30. Juni 1966’: BStU, MfS, HA XX, 16974, Bl. 3–22.

²¹¹ Leide, *NS-Verbrecher und Staatssicherheit*, p. 416; Weinke, *Die Verfolgung von NS-Tätern im geteilten Deutschl.*, pp. 331–32.

²¹² ‘Information zu einigen Fragen betreffend ehemalige Mitglieder der NSDAP und anderer faschistischer Organisationen, die heute zum Teil in der DDR tätig sind, 27. April 1964’: BStU, MfS, HA XX, 5755, Bl. 30–50, here 40. For an overview of this development, see Naser, pp. 304–12, here 311.

limited engagement in social and political affairs is in strong contrast to their far-reaching involvement in the Third Reich. This finding is in line with Fulbrook's analysis of the '1900er', who, according to her, would staff the Nazi organisations and thus carry the National Socialist movement disproportionately in contrast to other generations.²¹³ However, the 'First War Youth Generation' had a higher percentage of members in the SED than in the 'bloc-parties', whereas individuals of Generation A preferred parties outside of the socialist camp (Table 3 (p. 73) and 5 (p. 83)). Overall, and in contrast to Generation A, Generation B had a very high transposition from the National Socialist into the GDR political and societal organisations, identified in all the cases mentioned above. Apart from another heavy drain of Nazi members into 'bloc-parties', the FDGB also shows a very high political overlap. The main reason for this development was that many doctors joined the trade union, as the SMAD quickly dissolved traditional chambers and medical associations in the postwar era. Subsequently, the medical profession was left without any representative body outside of the FDGB.²¹⁴ This transformation was another conscious decision by East German and Soviet authorities, which was informed by the aim of an egalitarian society, which included diminishing the high status of doctors in society. However, this political step was also rooted in medical memories, as officials suspected that the medical institutions and associations were involved in, or, at least, aware of, medical crimes carried out under the Nazi regime.

²¹³ Fulbrook, *Dissonant Lives*, pp. 488–89.

²¹⁴ For a discussion about abolition of the doctors' associations, see Ernst, 'Die beste Prophylaxe ist der Sozialismus', p. 334; Jentzsch, *Bewährtes Bündnis*, pp. 50–51. 'Betr.: Erweiterte Vorstandssitzung vom 4.6.46, 4. Juni 1946': BArch, DQ 1/139, Bl. 131.

2.4 The Generation of Depression and Upheaval: Born Between 1906–1915

*“For that, what [Elfriede Ochsenfarth] obviously did back then, she had to suffer heavily for the rest of her life.”*²¹⁵

Former Acquaintance of Elfriede Ochsenfarth,
Sächsische Zeitung, 2014

At some point in her life, Elfriede Ochsenfarth (*1914) decided to change her last name slightly from ‘Ochsenfahrt’ to ‘Ochsenfarth’. It was a subtle change, which, as archival sources and recent media coverage suggest, had a profound origin—resting in her medical memories.²¹⁶ Ochsenfarth had a steady career path in the GDR: she became an SED member, and after the sudden death of Dresden’s District Doctor in 1960, she was promoted to this high position. One year later, Dresden’s District Board also elected her as a new member, which represented the peak of her career.²¹⁷ However, archival research into the MfS files of the aforementioned doctors Becker and Schneider, who supposedly were involved in the ‘Euthanasia Programme’ during the Third Reich, revealed a rare find: a handwritten report which questioned Ochsenfarth about her past. In this document, the MfS made her aware that they received the information that she worked in a mental asylum in the Third Reich and served as a witness in the Dresden Doctors’ Trial in 1947. Obviously knowing that she could not refute this fact, Ochsenfarth admitted that she worked in Großschweidnitz—an asylum from which mentally handicapped people had

²¹⁵ “Sie hat für das, was sie damals wohl getan hat, den Rest ihres Lebens schwer büßen müssen”. Reinhard, ‘Das Geheimnis der Bezirksärztin’, p. 3.

²¹⁶ For a rare insight into her past, see ‘Bericht: Befragung der Bez.-Ärztin Dresden, OMR Dr. Ochsenfarth, 23. Mai 1964’: BStU, MfS, BV Leipzig, AOP 746/66, Bl. 147–48; Reinhard, ‘Das Geheimnis der Bezirksärztin’, p. 3.

²¹⁷ ‘Stellungnahme zu dem mir am 2.8.1963 durch Herrn Chefarzt Dr. med. Schmeiser und Herrn Merkel eröffneten Beschluß, 12. August 1963’: BArch, DQ1/12052, unpaginated; Reinhard, ‘Das Geheimnis der Bezirksärztin’, p. 3.

Table 6: Generation C (1906–1915): Overview of the Political Involvement Before 1945 in Comparison to Studies of Ernst and Kater

Pre-1945	Own Study (N=64)		Ernst (N=79)		Kater (Average from Medical Licensure Period 1933–1945) ^(y)
	Abs.	%	Abs.	%	%
NSDAP	37	57.8	42	53.2	43.7
NSÄB	7	10.9	4 ^(x)	5.1	19.7 ^(z)
SA	15	23.4	19	24.1	29.2
SS	7	10.9	2	2.5	10.1
Without	20	31.3	27	34.2	/

Sources: See Appendix 1, pp. 312–17; Ernst, *Die beste Prophylaxe ist der Sozialismus*, p. 151, Table 13; Kater, *Doctors under Hitler*, p. 245, Table 2.4. (x) This number represents people, who were only involved in NSÄB or similar Nazi organisations, without an NSDAP, SS, or SA membership. Therefore, this number is low compared to the actual involvement in the NSÄB. (y) Kater uses in his study the medical licensure period to separate his cohorts. For example, for Generation C, when calculated from the birthdate, the medical licensure period was around 1932 to 1942. Therefore, the two studies are only comparable to a certain extent. However, Kater’s analysis is important to contextualise and confirm the trends, identified here. (z) In the period 1939 to 1945, Kater provides for the NSÄB a proportion of membership as low as 7.4 per cent. According to Ralf Forsbach, the reason for this development was that the influence and significance of the NSÄB declined during the Second World War due to the increasing importance of the Association of Statutory Health Insurance Physicians of Germany [*Kassenärztliche Vereinigung Deutschlands*]. Rolf Forsbach, “‘Pfleger der Gene’ und ‘biologischer Soldat’: Der Nationalsozialistische Deutsche Ärztebund (NSDÄB)”, in *Und sie werden nicht mehr frei sein ihr ganzes Leben: Funktion und Stellenwert der NSDAP, ihrer Gliederungen und angeschlossenen Verbände im ‘Dritten Reich’*, ed. by Stephanie Becker and Christoph Städt (Berlin: LIT, 2012), pp. 223–36 (p. 235).

been transported to Pirna-Sonnenstein, where they faced certain death.²¹⁸ Ochsenfarth, however, immediately claimed that “[h]er former superior had always asserted that female doctors were not involved in euthanasia affairs” and thus knowledge of the crimes had only reached her via rumours, spread among the population.²¹⁹ This statement is contradictory and appears to be a typical re-assembled life-narrative of a doctor, burdened by his or her past and medical memories.²²⁰ During the Dresden Doctors’ Trial, to which the prosecutor invited Ochsenfarth only to the witness stand, she faced heavy accusations from her former colleagues: a former wardress claimed that Ochsenfarth actively

²¹⁸ For the role of Pirna-Sonnenstein in the ‘Euthanasia Programme’, see Thomas Schilter, *Unmenschliches Ermessen: Die nationalsozialistische ‘Euthanasie’-Tötungsanstalt Pirna-Sonnenstein 1940/41* (Leipzig: Kiepenheuer, 1999).

²¹⁹ ‘Bericht: Befragung der Bez.-Ärztin Dresden, OMR Dr. Ochsenfarth, 23. Mai 1964’: BStU, MfS, BV Leipzig, AOP 746/66, Bl. 147.

²²⁰ See Chapter 2.6. Arthur Miller, ‘The Nazi Trials and the German Heart’, in *Echoes Down the Corridor: Arthur Miller. Collected Essays 1944-2000*, ed. by Steven R. Centola (London: Methuen, 2000), pp. 62–68.

Table 7: Generation C (1906–1915): Overview of the Political Involvement After 1945

Post-1945	Own Study(N=64)		Overlap Pre-/Post-1945 (N=64)		Percentage of Total number of Political Organisation ^(x)
	Abs.	%	Abs.	%	%
SED	22	34.4	12	18.8	54.5
FDGB	26	40.6	14	21.9	53.8
DSF	6	9.4	1	1.6	16.7
Bloc-Parties	7	10.9	6	9.4	85.7
Without	25	39.1	19	29.7	76.0

Source: See Appendix 1, pp. 312–17. (x) Percentages represent the proportion of people in this postwar party or organisation, which were involved in pre-1945 Nazi organisations to various degrees.

practised ‘child euthanasia’ in Großschweidnitz.²²¹ Despite this fact, Ochsenfarth apparently did not endure further investigation and was able to have a remarkable career. The exposure in 1964 could not harm her anymore: at this point in her life, she had already completed rewriting her life-narrative and altered medical memories of the past to serve personal ends. Additionally, as mentioned in the discussion of Generation B, the GDR consciously avoided any further National Socialist related trials, especially of reputable doctors like Ochsenfarth.²²²

Unfortunately, archival sources about Ochsenfarth are almost non-existent, which is another possible indication that this case is of questionable character—and that the state made a conscious decision to sanitise a career path by apparently destroying evidence. By contrast, her friends said that she avoided any public gathering, despite her high positions. She supposedly led a reclusive life, where her memories tortured her, captured in this section’s opening quotation from a former acquaintance of Ochsenfarth.²²³ This suffering, though, was highly personal, as she never faced prosecution—and the relatives of her potential victims never received any form of compensation. Nevertheless, whether or not the accusation against her was true, the case demonstrates that medical memories

²²¹ Reinhard quotes Martha Welcher, who reports about a regimen, given to children around Christmas 1940, carried out by Ochsenfarth. Reinhard, ‘Das Geheimnis der Bezirksärztin’, p. 3.

²²² For another example of how the state protected their reputable doctors, see Leide, *NS-Verbrecher und Staatsicherheit*, p. 418.

²²³ Reinhard, ‘Das Geheimnis der Bezirksärztin’, p. 3.

are composed of an external and internal component: externally, Ochsenfarth presumably established a convincing life story by altering her past and involvement, as well as her name. The modification of the 'h' in her name from 'Ochsenfahrt' to 'Ochsenfarth' represents a typical way of creating a false impression in the public realm, as discussed with Goffman's suggestion of public behaviour, performance, and disguise. The alteration was deliberately minimal though so that friends and family could easily identify her. However, it was sizeable enough that she could deny being the 'Ochsenfahrt', who could potentially appear in Nazi documents found in the postwar era—one can only speculate if this decision was made independently or instructed by state organs. Internally, it was the guilt, inherent in her past, which seems to be prevalent, determining her social and public behaviour. Ochsenfarth's case represents an important insight into the complex processes of coming to terms with someone's medical memories and experiences, which led to differentiated outcomes for internal and external coping strategies.

Ochsenfarth is an ordinary member of Generation C, the 'Generation of Depression and Upheaval'. Due to their primary socialisation, mainly during the crisis years of the Weimar Republic, and as the likely children of Generation A, many individuals from this cohort show similar life paths. They were still largely involved in the Third Reich and were more or less active participants in the Second World War. However, their political activity after 1945 rose remarkably, whereas, in comparison to Generation A and B, the NSDAP membership plummeted from almost 80 to fewer than 60 per cent (Table 4 (p. 79) and 6 (p. 87)). The percentages of political overlap between the Third Reich and the GDR are also much lower than that of Generation B (Table 5 (p. 83) and 7 (p. 88)). These

findings confirm Fulbrook's conclusion which describes the 'First War Youth' (Generation B) as an outstanding cohort regarding their 'cultural availability for mobilisation' due to socialisation, thus forming the backbone of Hitler's Reich.²²⁴

As with Generations A and B, Generation C shows a high political transition in people involved in the 'bloc-parties', and a large number of individuals who were not politically active after 1945 at all. It illustrates that the medical personnel, and especially doctors, either joined a party outside of the SED, which might be more accommodating towards their beliefs, or tried to abstain from any further political commitments. The latter could be due to medical memories and experiences, which they obtained during the Third Reich. As elaborated before, their 'apolitical' attitude was a façade, which they developed in the postwar years while re-assembling their life-narratives, shattered due to defeat and the ethical responsibility for their profession's criminal activities during the Second World War.²²⁵ However, this finding needs some further research, extending Weidner's study about the 'apolitical medical profession in the long-nineteenth century' into the twentieth century.²²⁶

Nonetheless, there were other assimilation strategies, which the following case illustrates: in 1945, a man with the name Fred Cichetti appeared and offered his services to the local Soviet command in Dresden. By pretending to be of Italian origin, the SMAD decided to employ him as a Russian interpreter, cook, and driver. However, as archival sources suggest, he evidently used this position and his connections to the West for illegal trade. The latter might be one of the reasons why he and his wife suddenly disappeared in 1950. The MfS report from 1960, which described these circumstances, continued that,

²²⁴ Fulbrook, *Dissonant Lives*, p. 489.

²²⁵ Reinisch, *The Perils of Peace*, p. 2.

²²⁶ For the study of the 'apolitical medical profession in the long-nineteenth century', see Weidner, *Die unpolitische Profession*.

not long after his disappearance, a man at a doctors' ball in Dresden created many rumours among the participants:

'I know this guy that is this Fred Cichetti [...].' Hereupon another doctor answered: 'You must have been mistaken, that is not Fred Cichetti, that is Dr Korinek' 'Why Dr Korinek?' — 'Yes, he is a doctor [...] in orthopaedics. He is an excellent physician'.²²⁷

The author seemed to be very excited that he might have exposed that Cichetti and Korinek were the same person. However, the MfS files reveal that the state had arrested both Cichetti, alias Czeck, and Korinek already by the time the author wrote this report in February 1960. Nevertheless, rumours could have consequences for an individual and in this report not everything was untrue: Walter Korinek (*1914) represents an exceptional case for abusing the chaotic situation of the postwar years. After 1945, he was able to pursue a steady career as an orthopaedist in various clinics in and around Dresden. Authorities, who asked for his documents, such as his approbation and certificate of specialisation, received the following answer:

[I] ask you to be patient regarding the missing copies of my approbation and the recognition as specialist [*Facharztanerkennung*] for a few days. Since I simultaneously applied for the permission to establish a private clinic as orthopaedist [...], both original documents are still with my application with the Lord Mayor of Bautzen, Health Administration. As soon as they have been given back, I will send you the missing documents.²²⁸

²²⁷ "[D]en kenne ich doch, das ist doch der Fred Cichetti aus [...].' Daraufhin sagte der andere Arzt: 'Da müssen sie sich bestimmt irren, das ist nicht Fred Cichetti, das ist Dr. Korinek' 'Wieso Dr. Korinek? – 'Ja der is Arzt in [...] in der Orthopädie. Es ist ein sehr guter Arzt''. 'Betr.: Bericht über die Angelegenheit Cichetti und Korinek, 12. Februar 1960': BStU, MfS, BV Dresden, AU 43/60, Bl. 42–44, here 43–44.

²²⁸ "[Ich] bitte Sie, sich bezgl. der noch fehlenden Abschriften der Approbation u. Facharztanerkennung noch einige Tage gedulden zu wollen. Da ich mich gleichzeitig [...] um eine Niederlassungsgenehmigung als Facharzt f. Orthopädie [...] bewarb [...] befinden sich beide Dokumente im Original noch bei meinem Gesuch b. Oberbürgermeister d. Stadt Bautzen, Gesundheitsamt. Sobald diese zurückgereicht sind, werde ich Ihnen die noch fehlenden Abschriften nachreichen". 'Walter Korinek an Rat der Stadt Dresden, Hauptgesundheitsamt, 2. August 1948': BArch, DQ 1/12052, unpaginated.

This apology is only one example²²⁹ of how Korinek circumvented the possible exposure of his fraud and how authorities often failed to follow up the issue: he never finished his medical exams and neither obtained the approbation nor specialisation. The reason for this successful deception was that he studied medicine for eleven semesters in Prague and was able to obtain a probational approbation during the war due to the lack of doctors. Therefore, Korinek gained medical experience as an orthopaedist and made himself known as a ‘doctor’ among the patients in Dresden.²³⁰ However, he increasingly came under the state’s scrutiny during the 1950s—though for different reasons. Firstly, the SED excluded him from its ranks due to debts to the party. Secondly, he also was known to have an alcohol problem, was involved in fights, insulted police officers, and quit jobs overnight, when his demands were not met—for example, to be put in a higher salary group.²³¹ All this made him a nuisance to the authorities, and thus he made enemies among the city council, who tried to dismiss him in the mid-1950s. However, the chief doctor at the orthopaedic clinic continued to protect Korinek due to his apparent skills and the lack of specialists.²³²

Nevertheless, the situation changed quickly in the late 1950s. Korinek’s connection to Cichetti alias Czeck, who were both involved in illegal trade and narcotics imports from West Berlin, brought him to the attention of the MfS.²³³ Moreover, after almost fifteen years of his deception, Korinek felt the need to reveal his fraud to the district

²²⁹ The MfS supposedly identified seven cases, in which Korinek used a similar strategy: ‘Einschätzung zu Operativ-Vorgang “Spinne”, 15. Dezember 1959’: BStU, MfS, BV Dresden, AU 43/60, Bl. 18.

²³⁰ Korinek’s probational approbation was only valid until December 1944. ‘Sachstandsbericht, 7. Januar 1960’: BStU, MfS, AU 43/60, Bl. 105.

²³¹ ‘Betr. Schlägerei der Herren Dr. Korinek und Dr. [...], 19. April 1950’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 21, Bl. 49; ‘Vertraulich, Betr. Herrn Oberarzt Dr. Korinek, Krhs. [...], 17. April 1950’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 21, Bl. 206.

²³² For the struggle among the authorities over Korinek’s employment, see ‘Niederschrift, 27. September 1950’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 21, Bl. 48; ‘Betr. Antrag des Herrn Dr. med. Walter Korinek auf Rücknahme der fristlosen Kündigung bezw. Wiedereinstellung in städtische Dienste, 30. Oktober 1950’: BArch, DQ 1/12052, unpaginated; ‘Herrn Dr. med. Walter Korinek, geb. 19.4.14, 22. Dezember 1950’: BArch, DQ 1/12052, unpaginated.

²³³ ‘Einschätzung zu Operativ-Vorgang “Spinne”, 15. Dezember 1959’: BStU, MfS, BV Dresden, AU 43/60, Bl. 9–20.

doctor, in the hope that he would receive the chance to repeat his exams and finally obtain his approbation.²³⁴ All these facts—document forgery, deception, and illegal trade—as well as illegal abortions, performed on several women, led to his arrest on Christmas Day 1959.²³⁵ However, after five months, the MfS released Korinek, and he was able to continue his medical practice as the head of an orthopaedic clinic with only one restriction: he received the salary of a nurse until he provided his approbation.²³⁶ During the following years, though, he was under continuous attack by fellow doctors, city authorities, and state officials. Korinek went through several disciplinary procedures, as he still used *Dr. med.* in his official letters—a fraud punishable by law.²³⁷ By contrast, Korinek persistently demanded to receive recognition and the opportunity to repeat his exams, which officials supposedly promised to him. In this context, he always referred to his experience with the MfS in a positive light:

I am still thankful for the fate that [the arrest by the MfS on Christmas Day 1959] happened because in this institution, which is often feared in an unjustifiable way, I found people and personnel, who followed up everything in the greatest detail and also intensively engaged with my medical matter [meaning, his missing approbation, the illegal abortions, and his medical skills].²³⁸

The sentiment in his writings exposes the intention to utilise the MfS against other authorities in order to fulfil his personal interests. Francesca Weil identified this motive as one of the main reasons to cooperate with the MfS from her sample of 493 IM doctors.

²³⁴ By 1959, state authorities started to doubt if Korinek actually had an approbation. ‘Aktennotiz, August 1959’: BArch, DQ 1/12052, unpaginated.

²³⁵ ‘Sachstandsbericht, 7. Januar 1960’: BStU, MfS, AU 43/60, Bl. 95, 99–100, 104–10.

²³⁶ ‘Wiedereinstellung als Arzthelfer, 10. Mai 1960’: BArch, DQ 1/12052, unpaginated; ‘An Frau Bezirksärztin, Medizinalrat Dr. Ochsenfarth, Betr.: Walter Korinek, geb. 19.4.14, 17. Mai 1962’: BArch, DQ 1/12052, unpaginated.

²³⁷ ‘Eröffnungsbeschuß zur Durchführung eines Disziplinarverfahrens gegen den Arzthelfer Walter Korinek, 24. Juli 1963’: BArch, DQ 1/12052, unpaginated.

²³⁸ ‘Dass dies so kam, dafür bin ich noch heute meinem Schicksal dankbar, da ich an dieser Stelle, die oft so unberechtigter Weise gefürchtet wird, Menschen und Mitarbeiter fand, die allen Dingen bis ins Kleinste nachgingen und sich auch mit meiner medizinischen Angelegenheit intensiv beschäftigten’. ‘Stellungnahme zu dem mir am 2.8.1963 durch Herrn Chefarzt Dr. med. [...] und Herrn [...] eröffneten Beschuß’: BArch, DQ 1/12052, unpaginated.

Doctors developed this contact with the hope of increasing the standard of their working conditions, as well as enhancing their careers. Augustine has recognised a similar strategy for East German engineers and showed that “paradoxically, it was the Stasi informants themselves who at times addressed the big, thorny issues”.²³⁹ Consequently, as Weil concluded her study, “a large part of the IM doctors succumbed to the belief that they had forwarded their criticism to an influential and extensively influence-exerting institution”.²⁴⁰ However, the MfS was in no position to achieve any actual change on the policy level—either state or local—which disenchanted many of their IMs²⁴¹ in the 1960s and beyond.²⁴² In Korinek’s case, a similar outcome is recognisable. The Head of the MfS District Branch Dresden, Rolf Markert,²⁴³ who himself changed his name and birthdate in the 1940s, refused to get involved again, and city authorities apparently were able to reach a conclusion in 1964: they removed him from any medical position and made his case public.²⁴⁴ The last documents in Korinek’s file in the Federal Archive are letters to the GDR *Handelsorganisation* [Trading Organisation – HO] Restaurant and Hotel Branches in Dresden in 1967. This correspondence shows that state officials tried to find a placement for him as a receptionist or waiter because he started an apprenticeship in a hotel in the 1930s—however, the branch refused his appointment, as Korinek never obtained a qualification for these jobs.²⁴⁵ This correspondence represented the end of a remarkable

²³⁹ Augustine, *Red Prometheus*, p. 347.

²⁴⁰ Weil, pp. 287–92, here 292.

²⁴¹ The original German phrase does not require an ‘s’ for pluralisation, but for clarity reasons, this thesis pluralises also German abbreviations with an ‘s’, similar to the use of STDs.

²⁴² Weil, *Zielgruppe Ärzteschaft*, pp. 292–93.

²⁴³ For the problematic career of Helmut Thielmann alias Robert Markert, see his biography in Ilko-Sascha Kowalczyk, *Stasi konkret: Überwachung und Repression in der DDR* (Munich: Beck, 2013).

²⁴⁴ State authorities even published the case in the local newspaper: “Doktor ohne Promotion. Strafbare Anmaßung eines akademischen Grades”, *Sächsisches Tagesblatt*, 29. April 1964: BArch, DQ 1/12052, unpaginated. ‘Walter Korinek – Zulassung zum medizinischem Staatsexamen, 12. Mai 1964’: BArch, DQ 1/12052, unpaginated.

²⁴⁵ ‘MfG —Recht— an HO-Gaststätten- und Hotelbetrieb Dresden, Betr.: Walter Korinek, geb. 19.4.1914, 7. Februar 1967’: BArch, DQ 1/12052, unpaginated; ‘Schreiben der HO-Gaststätten- und Hotelbetrieb Dresden an das MfG —Recht—, 14. Februar 1967’: BArch, DQ 1/12052, unpaginated.

postwar career, which lasted with minor curtailments for over twenty years. After being the head of an orthopaedic clinic, now he was not even eligible to obtain a job as a waiter.

In conclusion, Korinek, as an exceptional case in many ways, was able to use his medical memories and experiences, which he obtained during the 1930s and the Second World War to establish a life-narrative, and abuse the postwar conditions to enhance both his opportunities and salary. However, the latter seemed not enough to him: Korinek got increasingly involved in illegal trade, narcotics smuggling, and illegal abortions for fees.²⁴⁶ This extraordinary culmination of various criminal and ethical transgressions resulted in state and especially city officials increasingly judging him as dispensable, despite his medical experiences and skills. However, medical predicaments of the postwar era, the protection of influential people, the difficulties of obtaining information about doctors, and the lack of medical specialists prolonged this process for over two decades. Therefore, this case also confirms the finding that state authorities were often unable to investigate individual's past and medical memories in detail until the late 1950s and 1960s. This fact ultimately allowed incriminated former Nazi party members, but also fraudulent doctors, to slip through the net of East Germany's de-Nazification and licensure systems.

²⁴⁶ 'Sachstandsbericht, 7. Januar 1960': BStU, MfS, AU 43/60, Bl. 100.

2.5 The National Socialist Generation: Born Between 1916–1925

From the documents of the Department XII, it becomes clear that [Johannes] Garten, opposed to all the statements in his personal records, was indeed a member of the NSDAP since June 1938.²⁴⁷

Report of the MfS, Head Department IX/11, 1960

The ancient Charité in Berlin was the most prestigious hospital in the GDR. Hence, it was in the SED's interest to improve the working conditions in this institution continuously, concentrating the available material and financial resources on this prestige project to the detriment of other East German hospitals.²⁴⁸ The prominence, but also the adjacency of this institution to the West Berlin border made it a *Schwerpunkt* [focal point] for the MfS. This situation created the need for IMs to safeguard the Charité from 'internal and external enemies'. From this background—as well as the Cold War context and the continuous stream of doctors from the East to the West—the MfS suggested in May 1960 to recruit the Professor of Internal Medicine, Johannes Garten (*1920), who was a senior physician at the Medical Clinic II of the Charité.²⁴⁹ As the above quotation indicates, Garten hid his involvement in the *Deutsches Jungvolk* [German Youth Folk – DJV], which later became part of the HJ, and the NSDAP. However, this disguise had no consequences for him. State authorities were more concerned about his wife, who shortly after the public upheaval of 17 June 1953, which was a political disaster for East Germany,

²⁴⁷ "Aus den Unterlagen der Abt. XII geht hervor, daß Garten im Gegensatz zu all seinen Angaben in Personalunterlagen doch seit Juni 1938 Mitglied der NSDAP war". 'Vermerk, 28. März 1960': BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 21.

²⁴⁸ For the uneven distribution of material and the impact on other hospitals in the GDR, see, Wiebke Janssen, 'Medizinische Hochschulbauten als Prestigeobjekt der SED: Das Klinikum Halle-Kröllwitz', *Deutschland Archiv*, 4 (2012), 703–12.

²⁴⁹ 'Vorschlag zur Anwerbung eines GI, 4. Mai 1960': BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 30–33.

obtained *Westpakete* [parcels from the West], claiming that her four children were ‘undernourished’. The GDR customs officials, who caught her, wanted to make this case public. However, the SED, the MfS, and the chief director at Garten’s clinic prevented the revelation due to the fear that Garten could leave for the West. Garten and his wife only received criticism in an internal procedure, as both were doctors with high salaries.²⁵⁰

This case illustrates how authorities were caught between their ideological claims and the everyday reality. 17 June 1953 was a crucial test of the stability of the young GDR. The East German state, however, would have failed this challenge if the Soviet Union had not nipped the protest in the bud with their tanks—and if the West had not hesitated to intervene due to the danger of war, when getting involved.²⁵¹ After the events of 1953, the oppression of any ‘oppositional’ and ‘deviant’ behaviour increased. Doctors, however, received growing concessions from the state as a result of the lack of personnel among their profession.²⁵² This predicament caused the SED’s overall ambiguous enforcement of policies, swaying between granting concessions to doctors and implementing strict socialist principles, during the 1950s: an inconsistency that led to an increase of distrust and denial among the medical profession, rather than to the ‘political-ideological’ stabilisation of their attitudes towards the socialist project.

Despite this incident and Garten’s general reluctance to join any political organisation, or to make his political consciousness visible after 1945, the medical memories, in the form of his medical skills and Nazi past, as well as his high position

²⁵⁰ The documents from 21 and 22 September 1953 offer insight into this discussion: BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 13–16; ‘Vorschlag zur Anwerbung eines GI, 4. Mai 1960’: BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 31.

²⁵¹ For a comprehensive study of 17 June 1953 and its impact, see Ilko-Sascha Kowalczyk, *17. Juni 1953* (Munich: Beck, 2013).

²⁵² Ernst draws the same conclusion, by identifying that “every one, who left for the West [...] [increased] the value of those who remained”. Ernst, ‘*Die beste Prophylaxe ist der Sozialismus*’, p. 341. For further information, see Klaus-Dieter Müller, ‘Die Ärzteschaft im staatlichen Gesundheitswesen der SBZ und DDR 1945-1989’, in *Geschichte der deutschen Ärzteschaft*, ed. by Robert Jütte (Cologne: Deutscher Ärzte-Verlag, 1997), pp. 243–73 (p. 260).

within the mnemonic community of the Charité made him a potentially valuable IM for the MfS. Weil shows in her study of IM doctors that physicians with a known criminal past were of especially high value for the East German secret police. Their appreciation was derived from the fact that the state security service was able to blackmail affected doctors to work for them. Nevertheless, the main reason for the preferred deployment of incriminated physicians as IM was because colleagues viewed them as disloyal to the GDR. They were more open to express their real opinions in the presence of an apparently ‘subversive’ doctor, in which the MfS were particularly interested.²⁵³ In Garten’s case, their calculation of his ‘usefulness’ was that his long medical experience and the established network within this institution could safeguard future events—such as political assemblies—at this hospital. Furthermore, he could potentially be used to prevent ‘illegal *Republikfluchten* [flights from the Republic]’, as in 1959 alone, thirteen doctors left for the West from this clinic.²⁵⁴ To achieve a reliable cooperation, the MfS decided on a slow and careful procedure, the so-called “gradual recruitment on the basis of conviction”.²⁵⁵ Subsequently, they initiated the first meeting via Garten’s supervisor. During this encounter, they elicited his opinions regarding physicians’ escape to West Germany and other topics, about which Garten spoke openly after an initial hesitation towards the MfS officer. In the end, the MfS’s strategy was successful as Garten agreed to meet the intelligence officer again.²⁵⁶

In this and the following ‘meeting report’, Garten showed signs of the belief that he could influence policies and procedures in the Charité for the better by cooperating

²⁵³ Weil, *Zielgruppe Ärzteschaft*, pp. 288–89.

²⁵⁴ ‘Vorschlag zur Anwerbung eines GI, 4. Mai 1960’: BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 31–33.

²⁵⁵ *Ibid.*, Bl. 33.

²⁵⁶ ‘Bericht über erfolgte Kontaktaufnahme, 24. Juni 1960’: BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 34–35.

with the MfS.²⁵⁷ However, Garten seemed to be reluctant to share any details about colleagues—he always referred to his lack of knowledge in this regard, that he was not interested, or did not believe in the rumours spread about potential flight plans of doctors.²⁵⁸ Nevertheless, Garten apparently agreed to the MfS officer’s statement that “any unlawful departure from the GDR, regardless of whether or not one likes it, represents objectively a commitment to the West Zone State and its war policy”.²⁵⁹ This statement appears like a typically ideological SED claim. It could be seen as a defence strategy by Garten to keep his ‘apolitical’ disposition and simultaneously sustain cooperation with the MfS. The state security service found in him a person who provided them with information, based on his medical memories and experiences, derived from his position within a mnemonic community of doctors, and thus was of high significance. Garten’s past and the concealment of his involvement in the Third Reich was never a topic in the meetings, negotiations, or for his evaluation.²⁶⁰ Moreover, his ‘gatekeeper’ position and the consequent leverage must have been palpable for Garten as well: in the end, he used the protection and disguise of his willing cooperation with the MfS to leave the GDR for the West at the beginning of August 1961.²⁶¹ This case represents another story of an unsuccessful attempt by the SED and the MfS to penetrate the ‘stubborn bourgeois’ parts of the medical profession.

In general, Generation D, the ‘National Socialist Generation’, shows some similarities to Fulbrook’s ‘1929ers’, as well as common characteristics regarding their responses

²⁵⁷ ‘Treffbericht, 10. November 1960’: BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 39–41. This belief that someone could influence policies was a very common motivation for an IM to serve as an informant for the state security service, which Augustine and Weil identify in their studies as well. Augustine, *Red Prometheus*, p. 347; Weil, *Zielgruppe Ärzteschaft*, pp. 91–98, 287–92.

²⁵⁸ ‘Bericht über erfolgte Kontaktaufnahme, 24. Juni 1960’: BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 34–35; ‘Treffbericht, 10. November 1960’: BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 39–41.

²⁵⁹ ‘Treffbericht, 10. November 1960’: BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 40.

²⁶⁰ For the lack of questioning Garten’s past, see the reports of the meetings: ‘Bericht über erfolgte Kontaktaufnahme, 24. Juni 1960’: BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 34–35; ‘Treffbericht, 10. November 1960’: BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 39–41.

²⁶¹ ‘Meldung einer Republikflucht, 4. August 1961’: BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 50.

towards memories, experiences, and the primary socialisation, which they went through. This generation was integrated into the youth organisations of the Third Reich, and some even joined the NSDAP. If possible, doctors carried out their medical studies and received their approbation during the war years, after which almost all men were actively involved in the battles of the Second World War. Kater's study shows that especially the younger generations, who completed their studies between 1942 and 1945, joined the NSDAP—a fact that also reveals the privileged status of young physicians, whereas entry into the party for other social groups or older medical professionals was limited through restrictive party admission policies.²⁶² However, this is only partly true for the whole Generation D, as defined in this thesis. Younger members of this cohort, in particular, show life paths analogous to the '1929ers'. They had to join either the HJ or *Bund Deutscher Mädel* [German Girls' League – BDM], their members experienced a total war on the battlefield or the home front, and all of them faced the collapse of an ideology, which shaped their whole belief system from early childhood.

As in the case of my grandfather (*1925), many of the late-born individuals of this cohort were at the forefront of the new political systems in the East and West, which respectively promised a better future and a supposed clear break with the Nazi past. Fulbrook identifies that individuals born around 1929 would “try to change the world” and reject any legacies and projects of the preceding generations.²⁶³ This predisposition quickly made them the main target for Soviet and East German authorities and ‘culturally available for mobilisation’ into the new socialist state and its (mass-)organisations.²⁶⁴ In Table 9 (p. 102), this fact is proven by the high percentage of memberships across political and societal organisations in the postwar era. Generation D was the first generation, in

²⁶² Kater, *The Nazi Party*, pp. 54–57 and 245, Table 2.4.

²⁶³ Fulbrook, *Dissonant Lives*, p. 489.

²⁶⁴ For Fulbrook's analysis of the 1929ers as reference, see *ibid.*, pp. 291–308, 488–89.

Table 8: Generation D (1916–1925): Overview of the Political Involvement Before 1945 in Comparison to Studies of Ernst and Kater

Pre-1945	Own Study (N=14)		Ernst (N=31)		Kater (Average from Medical Licensure Period 1939–1945) ^(y)
	Abs.	%	Abs.	%	%
NSDAP	5	35.7	7	22.6	44.1
NSÄB	0	0	2 ^(x)	6.5	7.4
SA	0	0	0	0	21.8
SS	1	7.1	0	0	11.0
Without	8	57.1	21	67.7	/

Sources: See Appendix 1, pp. 318–19; Ernst, *Die beste Prophylaxe ist der Sozialismus*, p. 151, Table 13; Kater, *Doctors under Hitler*, p. 245, Table 2.4. (x) This number represents people, who were only involved in NSÄB or similar Nazi organisations, without an NSDAP, SS, or SA membership. Therefore, this number is low compared to the actual involvement in the NSÄB. (y) Kater uses in his study the medical licensure period to separate his cohorts. For example, for Generation D, when calculated from the birthdate, the medical licensure period was around 1942 to 1952. Therefore, the two studies are only comparable to a certain extent. However, Kater’s analysis is important to contextualise and confirm the trends, identified here.

which the political involvement was higher post-1945 than pre-1945—a novel feature compared to Generations A, B, and C in this thesis.²⁶⁵ The percentage of Generation D that was not engaged in any political organisation after 1945, with 14.3 per cent, was almost as low as it was for the Generation A before 1945, with 12.5 per cent.²⁶⁶ Ernst’s study confirms this finding by providing that 67.7 per cent of Generation D’s members had no political affiliation before 1945.²⁶⁷ Despite the diversity between older and younger members of this generational cohort, it can be assessed from the statistics that, compared to previous generations, they were the first generation that was overrepresented in the new organisations of the GDR. Moreover, members of Generation D were likely to be the children of Generation B; the latter, in contrast, was highly involved in Hitler’s regime. This fact provides evidence to the finding that Generation D felt the need to distance

²⁶⁵ See Table 8 (p. 102) and 9 (p. 103). For comparison, see for Generation A, Table 2 (p. 70) and 3 (p.73), for Generation B, Table 4 (p. 79) and 5 (p. 83), and for Generation C, Table 6 (p. 88) and 7 (p. 89).

²⁶⁶ See Table 2 (p. 70) and 9 (p.103).

²⁶⁷ Ernst, *Die beste Prophylaxe ist der Sozialismus*, p. 151, Table 13.

Table 9: Generation D (1916–1925): Overview of the Political Involvement After 1945

Post-1945	Own Study(N=14)		Overlap Pre-/Post-1945 (N=14)		Percentage of Total number of Political Organisation ^(x)
	Abs.	%	Abs.	%	%
SED	4	28.6	1	7.1	25.0
FDGB	5	35.7	0	0	0
DSF	2	14.3	0	0	0
Bloc-Parties	3	21.4	3	21.4	100.0
Without	2	14.3	2	14.3	100.0

Source: See Appendix 1, pp. 318–19. (x) Percentages represent the proportion of people in this postwar party or organisation, which were involved in pre-1945 Nazi organisations to various degrees.

itself from its parental generation; a conclusion that Fulbrook draws for her 1929ers as well.²⁶⁸

Support to this hypothesis is given by the fact that two prominent figures of the East German healthcare system were among this cohort: Hans-Jürgen Matthies (*1925) and Ludwig Mecklinger (*1919). Both reached high positions and had remarkable careers. After serving in the *Nationale Volksarmee* [National People’s Army – NVA] as a professor of military medicine, Mecklinger became the Associate Minister in 1964 and then the Minister of Healthcare in 1971—the first minister with a medical background in this position.²⁶⁹ Before 1945, he was hardly involved in the Third Reich, but like many other doctors of his age finished his medical studies during the war and afterwards practised as an *Unterarzt* [a lower rank medic] in the *Wehrmacht*—thus Mecklinger was a typical representative of the older members of this cohort.²⁷⁰ Matthies, by contrast, was six years younger, which resulted in a huge difference in his life path. He was not only in the HJ, as it was compulsory for his age group, but also joined the NSDAP in 1943 and served

²⁶⁸ Fulbrook, *Disonant Lives*, p. 489.

²⁶⁹ Horst Spaar emphasised the importance of this fact for the medical profession in general in his documentation, *Das Gesundheitswesen der DDR in der Periode der weiteren Gestaltung der entwickelten sozialistischen Gesellschaft und unter dem Kurs der Einheit von Wirtschafts- und Sozialpolitik (1971–1981)*, ed. by Horst Spaar, *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil 5* (Berlin: Interessengemeinschaft Medizin und Gesellschaft, 2002), p. 25.

²⁷⁰ Peter Schneck, ‘Mecklinger, Ludwig’, *Biographische Datenbanken: Wer war wer in der DDR? Ein Lexikon ostdeutscher Biographien* und ‘Deutsche Kommunisten: Biographisches Handbuch 1918 bis 1945’. Bundesstiftung zur Aufarbeitung der SED-Diktatur, 2009 <<http://www.bundesstiftung-aufarbeitung.de/wer-war-wer-in-der-ddr-#63;-1424.html?ID=2117>> [accessed 20 November 2015].

in the Second World War.²⁷¹ For this reason and due to his age, Matthies was not able to start his medical studies before the end of the war—he received his approbation in 1953.²⁷² Despite his greater involvement in the Third Reich, Matthies also had a steady career in the GDR. After he had joined the SED in the postwar years, he became a leading neuroscientist and pharmacologist, with seats in the *Ärztelkommission beim Politbüro des Zentralkomitees der SED* [Doctors' Commission at the Politburo of the SED Central Committee] and in the SED *Bezirksleitung* [Regional Directorate] in Magdeburg.²⁷³ Both Mecklinger and Matthies show that the experiences and memories of total war, defeat, and the complete disregard of an ideology could have a very different outcome in comparison to the other generations analysed in this study. In their cases, the postwar era offered them a new project, a new future to work towards, which was also determined by their medical memories.

Nevertheless, a stellar career was not limited to socialist party members. In general, many of the people in this cohort occupied high positions within the healthcare system, despite not being politically involved in the state or being members of one of the bloc-parties. Reinhard Schwarzlose (*1918) and Charlotte Bergmann (*1920) represent striking examples for this statement. Both were members of the NSDAP and youth organisations in the Third Reich—and both received their approbation during the Second World War.²⁷⁴ After 1945, Schwarzlose was involved in the State Brandenburg's Head

²⁷¹ 'Prof. Matthies, Hans-Jürgen': BStU, MfS, HA XX, 5751, Bl. 228.

²⁷² Werner Hartkopf, 'Matthies, Hansjürgen', *Die Berliner Akademie der Wissenschaften: Ihre Mitglieder und Preisträger 1700–1990*, 1992, p. 233
<http://www.bbaw.de/bbaw/MitgliederderVorgaengerakademien/AltmitgliedDetails?altmitglied_id=1764> [accessed 20 November 2015]; Harry Waibel, *Diener vieler Herren: Ehemalige NS-Funktionäre in der SBZ/DDR* (Frankfurt a.M.: Lang, 2011), p. 212.

²⁷³ 'Prof. Matthies, Hans-Jürgen': BStU, MfS, HA XX, 5751, Bl. 228; Hartkopf, 'Matthies, Hansjürgen'.

²⁷⁴ 'Dr. med. Charlotte Bergmann (LDP)': BStU, MfS, HA XX, 5749, Bl. 75; 'Dr. Reinhard Schwarzlose, 20. Juni 1960': BStU, MfS, HA XX, 5752, Bl. 144. For comparison, see BArch-BDC, Personenbezogene Unterlagen der Reichskulturkammer (RKK), R 9361-V/83367, Reinhard Schwarzlose.

Healthcare Department and joined the NDPD.²⁷⁵ Later he served as Lieutenant-Colonel and Chief of the Medical Service at the *Kommando Luftstreitkräfte/Luftverteidigung* [Air Force Staff and Command as well as Air Defence – Kdo LSK/LV] of the NVA. He also was a member of the NDPD’s Central Committee, a member of the Frankfurt/Oder’s District Board and a *Nachfolgekandidat* [succession candidate] for the GDR *Volkskammer* [People’s Chamber].²⁷⁶ Schwarzlose was one of the first to receive the prestigious award *Verdienter Arzt des Volkes* [honour given to the doctors for special merits for the People] in 1949, which shows the fast progress in his career after 1945.²⁷⁷

Bergmann had a similar life path. After her participation in the BDM and NSDAP, she joined the LDPD in the postwar years. Her medical specialisation was social hygiene, and with this expertise, Bergmann became a councilwoman, as well as the Head of the Healthcare Department at Leipzig’s District Board. Later she was a member of the LDPD’s Central Committee and, like Schwarzlose, had a seat in the People’s Chamber.²⁷⁸ Both were outstanding cases in their development after 1945. Nevertheless, they confirm the general trend exposed in this study, as well as by Fulbrook, that this cohort was the driving force of the new East German state.²⁷⁹ For all cases, negotiations with the state over their present and future careers were in favour of these young generations of doctors, like the ‘1929ers’. Therefore, the state often exonerated their Nazi involvement in order to use their energy and enthusiasm for the new society—a fact that is further analysed in Chapter 4 for the ‘war youth’. In conclusion, their medical memories and

²⁷⁵ Frederike Sattler, *Wirtschaftsordnung im Übergang: Politik, Organisation und Funktion der KPD/SED im Land Brandenburg bei der Etablierung der zentralen Planwirtschaft in der SBZ/DDR 1945–1952, Teil 2* (Münster: LIT, 2002), p. 906.

²⁷⁶ ‘Dr. Reinhard Schwarzlose, 20. Juni 1960’: BStU, MfS, HA XX, 5752, Bl. 144.

²⁷⁷ Dirk Hubrich, ‘49/21, Schwarzlose, Dr. Reinhard’, *Verleihungsliste zum Ehrentitel „Verdienter Arzt des Volkes“ der DDR von 1949 bis 1978*, 2013, p. 1 <<http://www.deutsche-gesellschaft-fuer-ordenskunde.de/DGOWP/wp-content/uploads/2013/06/VL-VAdV-1949-1978.pdf>> [accessed 20 November 2015].

²⁷⁸ ‘Dr. med. Charlotte Bergmann (LDP)’: BStU, MfS, HA XX, 5749, Bl. 75.

²⁷⁹ Fulbrook, *Dissonant Lives*, pp. 291–308.

experiences, obtained during the war and particularly in the chaos and epidemics of the postwar era, would shape the new socialist healthcare system accordingly, which is shown in Chapter 3 for venereal diseases.

2.6 Conclusion

*Once the jackbooted masters of a barbed-wire world, they are now middle-aged Germans in business suits [...]. [They] could pass for anybody's German uncle.*²⁸⁰

Arthur Miller, *The Nazi Trials and the German Heart*, 1964

In 1964, one year after Hannah Arendt's report on the Eichmann Trial was published,²⁸¹ the American playwright and socio-critical essayist Arthur Miller observed the first Auschwitz Trial in West Germany as a journalist for the *New York Times*—a court case against 22 former SS members in Frankfurt/Main.²⁸² In his subsequent essay, he pointed towards the abstractness of the murders brought in front of this tribunal. As the quotation above suggests, many of the defendants had solid careers after the war: “[s]ome [...] turned into successful business men, professionals and ordinary workers. They [...] reared families and even became civic leaders in their communities”.²⁸³ For him this fact appeared as unreal: how could these people carry on with ‘normal’ lives after Auschwitz?

In this chapter, this question, in a differentiated form and within the framework of medical memories and experiences, was the main drive for investigating the negotiation between state authorities and the individual doctor about the past, present, and future. Many of the medical personnel from the sample used showed a high potential for assimilation to changes in political systems and ideology. They often pursued this endeavour

²⁸⁰ Miller, ‘The Nazi Trials’, p. 62.

²⁸¹ Hannah Arendt, *Eichmann in Jerusalem: A Report on the Banality of Evil* (New York: Penguin Books, 1994).

²⁸² This trial was the first of many subsequent Auschwitz Trials. Even at the beginning of 2016, German courts sued an Auschwitz guard, who had been identified recently. Gisela Friedrichsen, ‘Prozess gegen früheren KZ-Wachmann: “Vernichtung durch Lebensverhältnisse”’, *Der Spiegel*, February 2016 <<http://www.spiegel.de/panorama/justiz/auschwitz-prozess-in-detmold-vernichtung-durch-lebensverhaeltnisse-a-1076943.html>> [accessed 12 February 2016].

²⁸³ Miller, ‘The Nazi Trials’, p. 62.

due to personal interests, to sustain professional growth, or simply to survive the uncertainty and chaos of the postwar period. In his essay, Miller offered two insightful examples for this process. The first was Oswald Kaduk, who became known as a very sadistic SS man: he shot inmates arbitrarily when drunk.²⁸⁴ In the late 1950s, however, Kaduk was a respected nurse, and his patients called him fondly “*Papa Kaduk*”—they wrote a letter to the court in which they defended him. As Miller observed, Kaduk himself seemed “to be quite convinced that he is indeed Papa Kaduk and not at all the monster being painfully described from the witness chair”.²⁸⁵ The same was valid for Victor Capesius, who, as the camp pharmacist, was in charge of putting the right amount of *Zyklon-B* into the gas chambers.²⁸⁶ After the war, he was able to obtain high positions in his local community and went on hunting expeditions to Africa. After the German police had arrested Capesius, the local gentry was surprised: “[h]ow, it was actually asked, could a gentleman of such sensibility have done such awful things?”²⁸⁷ Consciously or unconsciously, Miller identified the ability of those formerly involved in the Nazi Reich, incriminated or not, to establish a new, convincing life-narrative—and to cover their past with a coat of silence and forgetting. As shown in many of the case studies above, the selection of medical memories and experiences led to rewritten life paths that served their respective ends. They silenced their past, established a cover story, and enhanced their career prospects—not least through the subtle balance of inventing and omitting certain facts.²⁸⁸ Connected with this finding, the overarching purpose of these altered memories was self-protection—they helped to preserve the desired impression, behaviour, and life-narrative in the public realm, as defined by Goffman’s theories. However, the question is that, even if

²⁸⁴ For further information about Oswald Kaduk, see Ernst Klee, ‘Kaduk, Oswald’, *Auschwitz: Täter, Gehilfen, Opfer und was aus ihnen wurde: Ein Personenlexikon* (Fischer, 2013).

²⁸⁵ Miller, ‘The Nazi Trials’, pp. 62–63, here 63.

²⁸⁶ For further information about Victor Capesius, see Dieter Schlesak, *Capesius, der Auschwitzapotheker* (Bonn: Dietz, 2006).

²⁸⁷ Miller, ‘The Nazi Trials’, p. 63.

²⁸⁸ For a definition of this phenomenon, see Hunt, *Memory, War and Trauma*, pp. 115–18.

they were able to establish a masquerade, like in the case of the fraud doctor Korinek, why did the state and the judicial bodies react so late or, as in many instances in this study, not at all?

Miller claimed that in West Germany police and the state were very reluctant to support the arrests of former Nazis and the prosecution efforts of the Frankfurt trials.²⁸⁹ This study suggests that this was not solely a West German phenomenon, but similarly applicable to East Germany. The reason for this reluctance is derived from the social and political context of the Cold War era, in which both sides feared an international loss of reputation. In the GDR during the 1950s, the continuous ‘brain drain’, especially of doctors to the West caused a scarcity of medical personnel that led to far-reaching concessions and an ‘alliance policy’, to the detriment of socialist ideals.²⁹⁰ Consequently, all generations and case studies utilised in this chapter confirm Leide’s thesis, that “[i]n fact, the SED’s integration policy towards the ‘bourgeois intelligentsia’ also offered Nazi incriminated [doctors], with a corresponding adaptation, a considerable protection from prosecution”.²⁹¹ This development was only possible because of the predicament of the epidemic diseases and the scarcity of doctors and thus the pragmatism employed in the postwar years. However, one of the most important reasons for the leniency in the de-Nazification of doctors was that the healthcare system became an integral part of

²⁸⁹ Miller, ‘The Nazi Trials’, p. 64. Frei draws the same conclusion in his analysis about the West German practice regarding the Nazi past of politicians and officials. Frei, *Adermauer’s Germany and the Nazi Past: The Politics of Amnesty and Integration*, pp. 303–12.

²⁹⁰ For the concessions granted to the medical profession by the SED, see ‘Zu Fragen des Gesundheitswesens und der medizinischen Intelligenz, 16. September 1958’, in *Dokumente der Sozialistischen Einheitspartei Deutschlands: Beschlüsse und Erklärungen des Zentralsekretariats und des Parteivorstandes, Band VII* (Berlin: Dietz, 1961), pp. 348–52; ‘Kommuniqué des Politbüros des Zentralkomitees über Maßnahmen zur weiteren Entwicklung des Gesundheitswesens und zur Förderung der Arbeit der medizinischen Intelligenz, 16. Dezember 1960’, in *Dokumente der Sozialistischen Einheitspartei Deutschlands: Beschlüsse und Erklärungen des Zentralsekretariats und des Parteivorstandes, Band VIII* (Berlin: Dietz, 1962), pp. 303–06.

²⁹¹ Leide, *NS-Verbrecher und Staatssicherheit*, p. 353; For further insights, see, Weinke, *Die Verfolgung von NS-Tätern im geteilten Deutschl*, p. 46. Moser also emphasises the importance of East German’s alliance efforts especially towards the ‘old elites’ of the medical profession. Moser, *Im Interesse der Volksgesundheit ...*, p. 155.

ideological struggles between West and East Germany. The importance of health provision went so far that Mecklinger, in his position as Health Minister, stated in 1981 that “[i]n the encounter with the health, and social, care system, Socialism [had] for the citizen name, face, and address”.²⁹² Due to the epidemics of the postwar years and the continuous drain of medical personnel to the West during the 1950s, the GDR became increasingly hesitant to proceed against its doctors—especially fearing to exacerbate the shortage of medical staff.²⁹³

Another important context of this political dilemma is 17 June 1953 and the de-Stalinisation movements in Eastern Europe after Stalin’s death in the same year, which heightened the SED’s anxiety towards their people from this date onwards. This distrust not only led to an extension of the security and repression apparatus, but also to a greater sensitivity to changes in public opinion and mood. As shown, the lack of specialists and doctors could result in negative rumours, which the SED tried to avoid by averting incarcerations of former Nazis and applying a general leniency towards its medical personnel. The investigation of the medical profession as a mnemonic community in transition from pre- to post-1945, within the framework of medical memories and experiences, exposes the inherent pragmatism of all governmental decisions and policies towards this group, already identified by Ernst for doctors in particular and by Corey Ross for the population in general.²⁹⁴ The direct result of these decisions and policies was that many former Nazi members within the medical profession experienced a smooth transition between the systems.

²⁹² Mecklinger, ‘Der politische Auftrag des Gesundheitswesens’, p. 1.

²⁹³ According to Ernst, 927 doctors left the GDR for the West in 1958, which represented around 7 per cent of all available doctors in East Germany—a dangerous development for the SED. Ernst, ‘Die beste Prophylaxe ist der Sozialismus’, pp. 34, 55.

²⁹⁴ Ernst, ‘Die beste Prophylaxe ist der Sozialismus’, p. 180; Corey Ross, *Constructing Socialism at the Grass-Roots: The Transformation of East Germany, 1945–65* (Houndmills: Palgrave, 2000), p. 184.

Nevertheless, the state's fear of its population had another layer. Miller observed in his trial report that, while being confronted with the testimonies of the Auschwitz Trial, "the German housewives who comprise most of the jury burst into tears or sit with open horror in their faces".²⁹⁵ Here, the contradictory memories of the 'ordinary' German, the perpetrator, and camp inmates were uncovered. These testimonies did not fit into the narratives of 'German housewives', as Miller called them:

[T]hey were shopping, putting their children to bed, going on picnics on sunny days, worrying about a daughter's wedding dress or a son's well-being in the army while mothers like themselves and children no different from their own were forced to undress, to walk into a barren hall, and breathe the gas which some of the defendants now sitting here carefully administered.²⁹⁶

This statement reveals the memory repression about the events of the Third Reich and Second World War, which left its scars on any person, irrespective of their age and position. As Miller heard from the prosecutors, the opposition against this trial within the German population was as high as 90 per cent.²⁹⁷ The result was not only an institutionalised resistance towards exposure, but also a widespread unwillingness to support the investigation against Nazi criminals, particularly among the local community. The notion was that the past should be laid to rest, to carry on with their lives in the present, and to have their view directed towards the future. Weinke identified this common mentality of *Ruhe* [peace and quiet] as well, which both East and West Germans applied regarding their Nazi past—the postwar silence.²⁹⁸ Consequently, it was in the state's interest, not only to uphold the anti-Fascist façade as in the GDR, but also to serve this feeling—to give it a rest—among their people in order to legitimise the state.

²⁹⁵ Miller, 'The Nazi Trials', p. 62.

²⁹⁶ Ibid.

²⁹⁷ Ibid.

²⁹⁸ Weinke, *Die Verfolgung von NS-Tätern im geteilten Deutschl*, p. 333.

Table 10: Overview of the Overall Political Involvement of the 128 People Used in this Thesis Before 1945 in Comparison to Studies of Ernst and Kater

Pre-1945	Own Study (N=128)		Ernst (N=207)		Kater (Average from Medical Licensure Period 1939–1945) ^(y)
	Abs.	%	Abs.	%	%
NSDAP	81	63.3	101	48.8	44.8
NSÄB	21	16.4	19 ^(x)	9.2	31.0
SA	32	25.0	41	19.8	26.0
SS	13	10.2	5	2.4	7.2
Without	38	29.7	65	31.4	/

Sources: See Appendix 1, pp. 307–19; Ernst, *Die beste Prophylaxe ist der Sozialismus*, p. 151, Table 13; Kater, *Doctors under Hitler*, p. 245, Table 2.4. (x) This number represents people, who were only involved in NSÄB or similar Nazi organisations, without an NSDAP, SS, or SA membership. Therefore, this number is low compared to the actual involvement in the NSÄB. (y) Kater uses in his study the medical licensure period to separate his cohorts.

However, not only the population, but also—to Miller’s surprise—the accused did not believe in their crimes: “there [was] no sign of remorse, and they appear[ed] to maintain a certain unity among themselves even now”.²⁹⁹ Similar to the medical profession, the former SS members formed a mnemonic community: a milieu, in which social bonds were strong and supported their individual life-narratives with the help of their joint efforts in silencing and sanitising. Their defence strategy relied upon the Third Reich’s hierarchical structure—analogue to Eichmann’s claim that they all were only ‘small cogs in a larger machine’.³⁰⁰ It was these arguments that Miller was hardly able to comprehend: “[w]hat scare[d] some Germans, however, and [made] the German to this day an enigma to many foreigners, [was] his capacity for moral and psychological collapse in the face of a higher command”³⁰¹—an argument, similar to Hannah Arendt’s thesis about ‘the banality of evil’.³⁰² This study shows that this mental predisposition of self-defence was especially true for the ‘turncoats’ within the sample: they could easily assimilate to new

²⁹⁹ Miller, ‘The Nazi Trials’, p. 66.

³⁰⁰ Arendt, *Eichmann in Jerusalem*, p. 57.

³⁰¹ Miller, ‘The Nazi Trials’, p. 65.

³⁰² Arendt, *Eichmann in Jerusalem*, pp. 4–6.

authorities and accordingly had stable or stellar careers due to their opportunistic behaviour and adaptation strategy.³⁰³

Fulbrook identifies for her generational analyses three major strategies of ‘self-representation’ in the postwar era.³⁰⁴ Firstly, people claimed that they were just “taken in” by a charismatic leader and had “not known” about the cruelties of the regime.³⁰⁵ However, as soon as they were informed, they would have been converted.³⁰⁶ As Fulbrook stressed, this group had no sense of guilt in their life narratives and excused their ignorance with innocence—a typical strategy of many doctors in this chapter. The second group claimed that they were consistent in the form that they had always been against the Third Reich and were only forced to appear as conforming to the state on the outside—another form of distancing the contemporary self from the memories. Fulbrook’s last group was composed of all who consciously or unconsciously ‘cling to’ the National Socialist ideology in the postwar era.³⁰⁷ However, this chapter has refined Fulbrook’s analysis by drawing attention to the adaptation strategies of medical personnel in the transition from the Third Reich into the East German state. It has shown that the negotiation process was highly individualised and depended on the time as well as the social and political context at the local, state, and international level. Therefore, this procedure and life decisions made by the doctor and the state often went in its complexity beyond the three general categories of ‘self-representation’, defined by Fulbrook. The result of the exposed continuity was that concepts and mentalities from the past continued to exist in the form of people, like doctors, who influenced the local level of society in the East and West. It is the primary

³⁰³ For further information on the issue of turncoats, see Weinke, *Die Verfolgung von NS-Tätern im geteilten Deutschl*, p. 330. Another example offers Klaus Mann’s novel *Mephisto*. There he describes an opportunistic actor in transition between the Weimar Republic and the Third Reich, whose real counterpart also had a remarkable career in the GDR. Therefore, the actor was able to accommodate himself with three different political systems. Klaus Mann, *Mephisto: Roman einer Karriere* (Berlin: Rowohlt, 2000).

³⁰⁴ Fulbrook, *Dissonant Lives*, p. 280.

³⁰⁵ *Ibid.*, pp. 280–81.

³⁰⁶ *Ibid.*

³⁰⁷ *Ibid.*, p. 281.

Table 11: Overview of the Overall Political Involvement of the 128 People Used in this Thesis After 1945

Post-1945	Own Study(N=128)		Overlap Pre-/Post-1945 (N=128)		Percentage of Total number of Political Organisation ^(x)
	Abs.	%	Abs.	%	%
SED	38	29.7	20	15.6	52.6
FDGB	52	40.6	29	22.7	55.8
DSF	18	14.1	8	6.3	44.4
Bloc-Parties	20	15.6	18	14.1	90.0
Without	46	35.9	37	28.9	80.4

Source: See Appendix 1, pp. 307–19. (x) Percentages represent the proportion of people in this postwar party or organisation, which were involved in pre-1945 Nazi organisations to various degrees.

purpose of this thesis to investigate ramifications of this transition from Nationalism to Socialism for the GDR.³⁰⁸

Nonetheless, analysing the data of the 128 people as a whole, as reflected in Table 10 (p. 111) and 11 (p. 113), would have disguised many findings and glazed over the diverse characteristics if the generational approach was not applied. As Fulbrook illustrates, on the one side, this method is essential to understand different responses towards events, violence, and developments of the twentieth century among different age cohorts.³⁰⁹ They also offer an insight into the creation of diverse medical memories and the effect of undergoing various medical experiences at different ages that would shape their future career and medical practice—and thus this chapter has developed Fulbrook’s approach further. On the other side, the state and the mnemonic community judged a person’s past according to its contemporary ‘usefulness’. The outcome of this assessment depended on the dynamics of Cold War struggles and potential national and international ramifications that any such revelation might have. In many ways, this framework and the findings in this chapter underline the judgement that the GDR was ‘driven’ by external

³⁰⁸ Already Moser identifies that continuity of medical personnel meant a continuity of language towards refugees, lower classes, and other marginalised groups. Moser, *‘Im Interesse der Volksgesundheit ...’*, p. 165.

³⁰⁹ Fulbrook, *Dissonant Lives*, pp. 482–89, here 488.

and internal pressures—such as the ‘anti-Fascist’ paradigm, the flight of the medical personnel, and the issue of legitimacy. The outcome was that the SED was unable to establish legitimacy proactively, was doomed to reactive measures, and partly relinquished its socialist ideals due to real predicaments at the local level of society.

Therefore, the SED’s ‘alliance policy’ was a disguise and justified a rather pragmatic approach as well as negotiation strategies driven by current medical and political issues. It was also the result of legitimacy concerns that the SED faced, especially during the 1960s. As Weinke identifies, doctors’ Nazi legacy became, in this context, a “*geschichtspolitische Manövriermasse* [historical-political football]”,³¹⁰ a useable past,³¹¹ applied according to East Germany’s needs. However, the GDR’s calculations ended in a self-made “dead end”, as Leide concludes,³¹² and consequently, the medical profession was prevented from a deeper transformation due to the political, social, and medical context of the postwar years.

In conclusion, the keyword for this study must be ‘continuity’ in the broadest sense possible within the framework of medical memories and experiences. Table 10 (p. 111) and 11 (p. 113) reveal not only the high involvement of the sample in the Third Reich, but also their political opportunism towards the GDR. In comparison, the SED had slightly more former Nazi members than the bloc-parties. This finding could confirm the conclusion of Leide that the SED was composed of more Nazis than the NDPD.³¹³ However, this study qualifies this claim and shows that the proportional overlap was much higher within the bloc-parties: 90 per cent of the people, who were CDU, NDPD, or

³¹⁰ Weinke, *Die Verfolgung von NS-Tätern im geteilten Deutschl*, p. 332.

³¹¹ Assmann also discusses Friedrich Nietzsche’s notion of a “useable past” by the state, the mnemonic community, and the individual. Aleida Assmann, ‘History and Memory’, *International Encyclopedia of the Social & Behavioral Sciences* (Elsevier, 2001), pp. 6822–29 (p. 6826).

³¹² Leide, *NS-Verbrecher und Staatsicherheit*, p. 418.

³¹³ *Ibid.*, p. 46.

LDPD members were previously involved in the Third Reich. Despite the fallacies inherent in the database utilised here, this percentage proves that individuals with a right-wing disposition were more likely to join a national rather than a socialist party. Table 11 (p. 113) also exposes the high proportion of former Nazi members, who refused to get politically involved in the GDR at all. This analysis illustrates that the SED was not able to accommodate and gain the support of everyone within the medical profession for the new cause—even so, supposedly ‘apolitical’ doctors were often able to negotiate unrestricted careers and reach high positions in the postwar years and beyond.

In 1969, the Associate Health Minister of the GDR, Mecklinger—one of the cases explored in this study—discussed with MfS officials the procedure against doctors who had supposedly been involved in politically motivated sterilisations during the Third Reich. However, even in the late 1960s, state authorities showed great reluctance to investigate the medical profession, as this would draw public attention and could have adverse effects on the planned legalisation of abortions in the GDR.³¹⁴ In conclusion, as late as 25 years after the Second World War, many of the ethical crimes carried out by medical personnel during the Third Reich remained unpunished, and affected physicians and nurses were able to carry on supposedly ‘normal’ lives. The ramifications that these findings had for the doctor– and nurse–patient relationship, were, as Kater identifies, fear, distrust, and suspicion on the patient’s side, and is one of the main topics throughout the thesis.³¹⁵ For medical memories and experiences, personnel continuity meant a broad continuity of medical concepts, clichés, patterns of stigmatisation, prejudices, language, symbols, and mentalities, which become especially noticeable when looking at the medical

³¹⁴ ‘Bericht über eine Aussprache mit dem stellv. Minister für Gesundheitswesen, Prof. Dr. Mecklinger am 20.2.1969, 25. Februar 1969’: BStU, MfS, HA XX, 527, Bl. 581–85, here 585.

³¹⁵ Kater, *Doctors under Hitler*, p. 237.

and social treatment of sexually transmitted diseases in Chapter 3 and the medical war experiences of children in Chapter 4.

EDUCATION AND STIGMATISATION

TREATING WOMEN SUFFERING FROM VENEREAL DISEASES



After the destruction caused by the ‘total war’ of the twentieth-century, the healthcare system in East Germany suffered from physical destruction as well as a lack of organisation.³¹⁶ In war-torn Dresden and Leipzig, officials dealt with these issues while also facing an insufficient number of health workers in proportion to the population, rapidly growing again due to the arrival of refugees from the East.³¹⁷ Widespread uncertainty, chaos, and the lack of food, equipment, and building materials, defined the postwar experience of doctors, nurses, and patients alike. As a result, these conditions led to an epidemic increase in a variety of diseases including tuberculosis and polio, but also sexually transmitted diseases [STDs].³¹⁸

By investigating the topic of STDs, this chapter offers unique insights into mentalities, social boundaries, and medical memories and experiences in postwar East Germany. The widespread idea that debates surrounding sexuality, sexual pleasure, and health are a solely contemporary phenomenon creates a false impression of the past as ‘prudish’.³¹⁹ Instead, pre- and extramarital sex was common in postwar societies which resulted in

³¹⁶ For a broader exploration of the postwar situation in the healthcare system, see *Die Entwicklung des Gesundheitswesens in der sowjetischen Besatzungszone (1945–1949)*, ed. by Horst Spaar, *Dokumentation zur Geschichte des Gesundheitswesens der DDR, Teil 1* (Berlin: Interessengemeinschaft Medizin und Gesellschaft, 1996), pp. 4, 20–21; Ernst, ‘*Die beste Prophylaxe ist der Sozialismus*’, p. 27; Jentzsch, *Bewährtes Bündnis*, pp. 34–35.

³¹⁷ ‘Jahresbericht 1946, 2. Januar 1947’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 8.

³¹⁸ For disease statistics of Dresden for 1946, see StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 45–53; for 1947: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 126.

³¹⁹ For the case of the Third Reich, see Herzog, *Sex after Fascism*.

STD awareness campaigns that tried to stop this ‘moral deviance’. Lesley Hall concludes for the United Kingdom that it was the qualitative judgement, rather than the quantitative amount of sexual activity, which changed during the transition from war to postwar—a finding that is also valid for Germany.³²⁰ The lack of public information regarding sexual health was a central issue for Britain and Germany alike in the first half of the twentieth century: in both countries, health officials enforced the paradigm of early marriage and sexual abstinence, which furthered the stigmatisation of casual sex. Conversely, they consciously neglected to educate and inform the population about STD prophylaxis, which resulted in biased policies. This officially indoctrinated ignorance caused a substantial number of unnecessary infections and thus played a major role in the epidemic spread of STDs in postwar Germany and the UK.³²¹

The chapter delineates how the East German population and administrative bodies reacted towards, and dealt with, the war-related STD epidemic. It argues that the smooth transition of greater parts of the medical personnel from the war to postwar era, revealed in Chapter 2, caused the persistence of medical concepts, stigmas, clichés, and languages. Consequently, the management of the postwar STD epidemic reveals significant continuities, as well as tacit legacies of medical concepts and mentalities from previous political systems. This chapter asserts that the medical memories of authorities and doctors shaped peoples’ medical experiences in their present, and even the perceptions of their future—their career and personal life. For many people, a sexual infection was followed by alienation and profound medical and state interventions. This medical and social treatment often violated the integrity of individuals. Therefore, the efforts of East Germany against the STD epidemic indicate that Harsch and Moser’s term ‘medicalised social hygiene’ is applicable for this analysis, as discussed in the introduction. By utilising their concept,

³²⁰ Hall, *Sex, Gender and Social Change*, p. 133.

³²¹ *Ibid.*, pp. 133–48.

this chapter offers an important historiographical insight into sexual health during the postwar era in East Germany. However, it also reveals the limitations of their concept for the local level, such as Dresden and Leipzig. Therefore, the following analysis furthers our understanding of the mechanisms of society, memory, mentality, and the emerging ‘new socialist state’ and their proclaimed ‘superior’ healthcare system.

The chapter consists of four intertwining sections, which address sexuality and sexual health, the institution of health clinics for STDs, night raids and hospitalisation, as well as the state’s efforts to combine educational campaigns with the persistent stigmatisation of the STD sufferer to stop the spread of these diseases. The first part of this chapter examines the general situation of sexual health in East Germany in the transition from war to postwar, building on the works of Dagmar Herzog and Jennifer Evans.³²² In addition, the studies of Hall and Paul Weindling supply the broader context of the first half of the twentieth century.³²³ The first section stresses the plurality, and simultaneous existence of contradicting sex mores, which contributed to the postwar perception of the Third Reich as an immoral period. This view was supported by the epidemic spread of STDs, which was part of the general public health crisis in East Germany and across Europe.³²⁴ Therefore, the analysis of postwar sexuality and sexual health proves the continuity of mentalities, in the form of medical memories and experiences of

³²² Herzog, ‘East Germany’s Sexual Evolution’; Herzog, *Sex after Fascism*; Jennifer V. Evans, ‘Life Among the Ruins: Sex, Space, and Subculture in Zero Hour Berlin’, in *Berlin: Divided City, 1945-1989*, ed. by Philip Broadbent and Sabine Hake (Oxford: Berghahn Books, 2012), pp. 11–22; Jennifer V. Evans, *Life Among the Ruins: Cityscape and Sexuality in Cold War Berlin* (Houndmills: Palgrave Macmillan, 2011).

³²³ Hall, *Sex, Gender and Social Change*; Hall, “‘War always brings it on’”; Paul Weindling, *Health, Race, and German Politics Between National Unification and Nazism, 1870–1945* (Cambridge: Cambridge University Press, 1989).

³²⁴ Edward Ross Dickinson, *Sex, Freedom, and Power in Imperial Germany, 1880–1914* (Cambridge: Cambridge University Press, 2014), pp. 304–05. For the broader analysis of the postwar German public health crisis, see Reinisch, *The Perils of Peace*.

the people, from Weimar to the GDR, which shaped the establishment of a ‘new’ healthcare system.³²⁵

After investigating the ‘medicalised’ response of the state to STDs during the postwar period, the second section focuses on the revival of the Weimar Republic’s specialised outpatient health clinics as an example of institutionalised medical memories and experiences. By utilising archival files from Dresden and Leipzig, it discusses the leverage, gained by local authorities to implement policies, and thus revealing the limitations of state interventions. Both Saxon cities were heavily bombed, resulting in the loss of housing, and they were major destinations for the refugee movement from the East. In this chaotic situation, the spread of STDs was an immediate and continuous threat. The SMAD recognised this public health crisis³²⁶ and issued directives to ‘fight’ the epidemic diseases during the first postwar years. Higher and local administrative bodies of the Soviet Occupied Zone established a new system of state-run health clinics according to concepts and experiences from the Weimar Republic rather than the Soviet Union.³²⁷ However, these clinics showed not only continuity in their conceptual framework, but also in their organisational procedures, buildings, and in their personnel. The experience of people within this institution thus corresponded to this persistent mentality towards patients suffering from STDs. Due to the health crisis, infected people were often deprived of their rights, which would contradict the ethical standards of today. Therefore, the analysis of these STD health clinics demonstrates that medical memories and experiences had been institutionalised. This hypothesis is supported by the examination

³²⁵ Herzog also acknowledges the potential conflict here that the “attention to the workings of memory in conflicts over sex in particular offers us [...] an extraordinary insight into how memories get ‘layered’—that is, the ways each cohort and constituency approached both the immediate and the more distant past only through and against the interpretations of its historical predecessors”. Herzog, *Sex after Fascism*, p. 8.

³²⁶ For a broader exploration of the dangerous state of public health in postwar Germany, see Reinisch, *The Perils of Peace*.

³²⁷ Harsch, ‘Medicalized Social Hygiene?’, p. 400.

of complaints, submitted by patients, about treatment and the state-granted *Ekelzulage* [disgust-bonus]—an additional monthly payment, received by the medical personnel for treating ‘disgusting’ STDs and other skin diseases from 1953 onwards.

For all sections—but especially for the third—Harsch’s study offers a valuable source of comparison with Tbc, the disease that caused the most deaths during the post-war era.³²⁸ In the case of both STDs and Tbc, East Germany executed immense state interventions, not solely limited to the premises of health institutions, but also into people’s everyday lives. Consequently, the third section examines the compulsory hospitalisation of patients and the night raids carried out by health workers and the police forces. These raids targeted bars, night clubs, and hotels to find the so-called ‘promiscuous individuals’ who were suspected of suffering from STDs. The latter needs to undergo a deeper analysis, as the terminology employed such as prostitutes, ‘clandestine prostitutes’, and individuals ‘with frequent promiscuous behaviour’ was blurred, open to interpretation and enforced differently. Their implementation often depended on the locality—the people in charge, as investigated in Chapter 2—and was subject to continuous change. Moreover, these categories suggest that the health authorities’ main target was women, whereas the role of males in the process of spreading STDs was neglected. Therefore, the section concludes that medical experiences in people’s everyday lives were highly dependent on gender, social status, and reputation within the local community. Particularly at this community level, the policies introduced, as well as the mentalities and stigmatisations enforced, suggest that the East German authorities intentionally created a system of

³²⁸ According to Harsch, the SBZ alone had over 32,000 death casualties caused by Tbc in 1947. Harsch, ‘Medicalized Social Hygiene?’, p. 395.

denunciation. Evidence for this claim was found in personal petitions, subsequent reactions of local and state officials, as well as changes in policies, language, and terminology over time.

The concluding section merges the discussed themes of stigmatisation and education to argue that moralising campaigns combined with public awareness programmes about sexual health were used to accelerate the elimination of the STD epidemic. For this purpose, the section elucidates these often contradictory strategies by examining show trials as well as exhibitions and educational campaigns organised by the German Hygiene Museum in Dresden. It asserts that after years of silence regarding sexual health, there was a shift towards an open discourse about venereal diseases intended not only in East Germany, but also in various other countries. In the immediate postwar era, the attendance of exhibitions and lectures about sexual health suggest a high interest and demand among the population. Conversely, a persistent and even state-supported stigmatisation survived despite all educational efforts, which influenced policy-making locally and nationally. This twofold strategy of stigmatisation and education resulted in both an accelerated decline of STD cases, as well as unique medical experiences of patients with STDs, according to their societal judgement.

The overall purpose of this chapter is to show the impact of medical memories and experiences on the development of mentalities and policies towards the patient, exemplified by the issue of sexual health in the postwar period. As indicated in the introduction, it argues that East German health concepts and ideas were mainly taken from the Weimar Republic and social hygienic movements, rather than dictated by the Soviet occupation authorities. Furthermore, the use of official language reveals the continuity of the Third Reich in the medical and social treatment of patients suffering from STDs; a fact, which

was not only valid for East Germany, but also for all German-speaking countries.³²⁹ Therefore, the third chapter of the thesis exposes the significance of the nuances and diverse medical experiences of people with STDs, which depended on the locality, officials, and medical personnel in charge, as well as the individual's reputation and social surroundings: a contribution to the 'grassroots' historiography of recent GDR scholarship.³³⁰

³²⁹ Harsch identifies parallels between GDR, FRG, and Austria in their efforts against Tbc. Harsch, 'Medicalized Social Hygiene?', pp. 396, 402.

³³⁰ For this trend, see Bessel, *Germany 1945*; Betts, *Within Walls*; Evans, *Life Among the Ruins*; Harsch, 'Socialism Fights the Proletarian Disease'; Herzog, *Sex after Fascism*.

3.1 Shaping Memory Through Experience: The Official Narrative of Sexual Activity and Health from War to Postwar

*The case of a 10-year-old child, infected with gonorrhoea [...] gave cause for me to stress again that on the forest edges, especially near military barracks and the city in general, used means of protection were left lying around or even hung up on the fences, shrubs and trees.*³³¹

City Police Department Dresden, *Health Hazard for Children due to Left Means of Protection in the Public Sphere, 1939*

At the beginning of 1940, the City Police Department of Dresden complained about ‘used’ contraceptives littering the outer suburbs, forests, and the vicinity of military institutions. The authorities were particularly concerned, as these means were seen as a risk of infection if children unconsciously played with these.³³² This statement alone challenges the hypothesis that sexual prudery, vast sexual restrictions, and an ascribed silence around STDs was characteristic for the Third Reich. Instead, this section argues in accordance with Evans and Herzog that sexual mentalities demonstrate continuity in attitudes that were resilient to any supposed significant turning points in history.³³³ In this regard, an important contribution was made by Michel Foucault, who initiated a rethinking of the debates, held during the eighteenth, nineteenth, and twentieth centuries, with his multiple volumes of the *History of Sexuality*.³³⁴ Foucault identified a power struggle between the

³³¹ “[Es] gibt mir erneut Veranlassung darauf hinzuweisen, daß an den Waldrändern, besonders in der Nähe von Kasernen und der Großstadt überhaupt, gebrauchte Schutzmittel herumliegen oder gar an den Zäunen, Sträuchern und Bäumen aufgehängt werden [emphasis as in the original, M.W.]”. Stadtpolizeidirektion Dresden, ‘Gesundheitliche Gefährdung von Kindern durch umherliegende Schutzmittel im öffentlichen Verkehrsraum, 14. Dezember 1939’: StA Dresden, Wohlfahrtspolizeiamt, 2.3.27, Nr. 31, Bl. 57.

³³² Ibid.

³³³ For a broader approach towards sexual mentalities, see Bessel, *Germany 1945*; Evans, ‘Life Among the Ruins’, p. 20; Evans, *Life Among the Ruins*, p. 222; Herzog, *Sex after Fascism*, p. 1.

³³⁴ Michel Foucault, *The Will to Knowledge*, trans. by Robert Hurley, *The History of Sexuality, Vol. 1* (London: Penguin, 1998); Michel Foucault, *The Use of Pleasure*, trans. by Robert Hurley, *The History of Sexuality, Vol. 2* (London: Penguin, 1987); Michel Foucault, *Care of the Self*, trans. by Robert Hurley, *The History of Sexuality, Vol. 3* (London: Lane, 1988).

bourgeoisie and the lower classes in the form of sexual discourses. He argued that the former tried to demarcate its moral standards from the latter, and indulged itself in self-affirmation practices regarding their privileged societal status. The intensified discussions about the ‘normal’ and ‘abnormal’, as well as the extended scientific and public discourses in sexual matters, facilitated, as Foucault emphasised, opportunities for non-accepted sexual forms (e.g. homosexuality) to come to the forefront, despite their common condemnation.³³⁵ Nonetheless, the context of the nineteenth century, with its vast developments and discoveries in biology, technology and sociology, provided the ideal atmosphere for sexual discussion and increasing interest in sex as a subject for investigation. Furthermore, as Dickinson recently emphasised, Foucault’s theory did not acknowledge the complexity of classes and gender roles during the nineteenth and the first half of the twentieth century—for example, women were hardly educated or allowed to speak about sex.³³⁶ Other authors point towards the lack of considering race differences in Foucault’s analysis, which, however, in the context of the nineteenth and twentieth centuries, with its new theories about evolution, racial hygiene, social Darwinism, and eugenics, cannot be ignored.³³⁷ Nonetheless, Foucault offered with his concepts of ‘power and pleasure’ and ‘knowledge-power’ a counterargument to the otherwise ‘repressive doctrine’, applied to this time period. Instead, he depicted a society, which urgently sought the ‘truth’,

³³⁵ For example, see Havelock Ellis, *On Life and Sex: Two Volumes in One* (London: Heinemann, 1948); Havelock Ellis, *Psychology of Sex* (London: Heinemann, 1948); Magnus Hirschfeld, *Women East and West: Impressions of a Sex Expert*, trans. by Oliver P. Green (London: Heinemann, 1935); Magnus Hirschfeld, *Berlins Drittes Geschlecht: Homosexualität um 1900* (Berlin: Hofenberg, 2015). The discussions in the journal *Archiv für Kriminal-Anthropologie* are also indicative for this development: Karl Kautzener, ‘Homosexualität: Erläutert an einem einschlägigen Falle’, *Archiv für Kriminal-Anthropologie und Kriminalistik*, 2 (1899), 153–62; Paul Näcke, ‘Angebot und Nachfrage von Homosexuellen in Zeitungen’, *Archiv für Kriminal-Anthropologie und Kriminalistik*, 8 (1902), 339–50.

³³⁶ Dickinson, pp. 305–06.

³³⁷ For example, see Annette F. Timm, ‘Sex with a Purpose: Prostitution, Venereal Disease, and Militarized Masculinity in the Third Reich’, *Journal of the History of Sexuality*, 11 (2002), 223–55 (p. 226). Even the famous sexologist Magnus Hirschfeld (*1868 – †1935), as a man of its time, considered races as an important feature in his remarks on his journey through other cultures. Hirschfeld, *Women East and West*, pp. 91–94.

particularly in sexuality, thereby (re-)defining and (re-)assuring the ‘normal’—the birth of so-called ‘biopolitics’.³³⁸

In no other area are social definitions of ‘abnormality’ as moralised than for the subjects of sexuality, sexual health, and relationships. ‘Normal behaviour’, as analysed by Goffman, is, however, dependent on the societal context and period.³³⁹ The resulting classification and stigmatisation of people at the margins of society were part of identification and legitimation procedures for the state narrative, demarcating, in this case, the ‘normal’ from the ‘abnormal’. Similarly, labelling people as ‘promiscuous’ was in the state’s interest to curb the STD epidemic. Therefore, this section sets up the basis for analysing medical memories and experiences of the medical profession, patients, and population with these diseases, by investigating the state narrative, derived from its medical memories, surrounding the recognised public health predicament.

In retrospect, Wolfgang Höfs claimed in his paper from 1952 that “[t]he wreckage of the Second World War extends to that area of interpersonal relationships where these are realised most frequently, [...] namely to that of sexual life”.³⁴⁰ During his time as the Head of a Marriage and Sexual Counselling Centre for Men at the University Hospital in Leipzig, Höfs observed that—apart from the mental burden of war-related injuries—many ‘unharmed’ men were psychologically affected in a similar way. The examination of both groups, he continued, showed “that the psychologically induced sexual dysfunction evidently increased after the war”.³⁴¹ However, according to Höfs’ conclusion, not only did these mental conditions have a limiting effect on their sexual life, but they also caused the total opposite: people “also drifted into *Haltlosigkeit* [promiscuity], occasionally or

³³⁸ Foucault, *The Will to Knowledge*, pp. 36, 39, 44–50, 56, 69–70, 127–31.

³³⁹ Ibid., pp. 4, 36; Goffman, *Behavior in Public Places*, p. 248; Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (London: Penguin Books, 1991). See Chapter 5.

³⁴⁰ Wolfgang Höfs, ‘Erfahrungen aus einer Ehe- und Sexual-Beratungsstelle für Männer’, *Das Deutsche Gesundheitswesen*, 7 (1952), 571–75 (p. 571).

³⁴¹ Ibid., p. 571.

partly continually”—meaning that some individuals reacted with a raised libido to their war experiences and pursued a ‘sexually deviant behaviour’.³⁴² In his account, Höfs emphasised medical, sexual, as well as social issues deriving from war; others, however, attributed the observed ‘uninhibited’ sexual activity to an overall immorality during the Nazi era, which was the more common narrative for East German officials in the postwar period.³⁴³

The Head of the STDs Department at the *Deutsche Zentralverwaltung für das Gesundheitswesen in der sowjetischen Besatzungszone* [German Central Administration for Healthcare in the Soviet Occupied Zone – DZVGW], Max Klesse, for example, claimed that after Hitler came to power in 1933, people’s ‘normal sexual behaviour’ had begun to dissolve. He stated that due to rearmament “[h]undreds of thousands of young married couples [were] disrupted; millions of young men [were] forced together in the military barracks, labour camps and for the construction of the strategic *Autobahnen*, and [thus] estranged from their normal relations”.³⁴⁴ Whether deliberately or not, Klesse did not only point to an increased ‘promiscuous behaviour’ in general, but also alluded to ‘homoerotic spheres’ during the Nazi period. The two statements of Höfs and Klesse challenge the commonly held opinion—widespread and dominant until the turn of the twenty-first century—that the Third Reich was strictly conservative in sexual matters, and that procreation regulations were only purposefully applied to serve their aim of racial superiority and Aryan domination of the world.³⁴⁵

³⁴² Höfs, ‘Erfahrungen aus einer Ehe- und Sexual-Beratungsste’, p. 571.

³⁴³ For example, see Herzog, *Sex after Fascism*, p. 189.

³⁴⁴ ‘Max Klesse, Über die Beurteilung der Geschlechtskrankheiten und die Maßnahmen zur ihrer Bekämpfung, 26. August 1946’: BArch, DQ 1/1610, unpaginated.

³⁴⁵ For an example that this historical judgement continues to exist, see Elke Frietsch and Christina Herkommer, *Nationalsozialismus und Geschlecht: Zur Politisierung und Ästhetisierung von Körper, ‘Rasse’ und Sexualität im ‘Dritten Reich’ und nach 1945* (Bielefeld: Transcript, 2009).

Nonetheless, accepting the notion of sexual pleasure was, according to Herzog, part of the Third Reich as well; even if only for ‘state-approved human beings’. By referring to a Nazi doctor who estimated an average use of 72 million condoms per year and stressed the problematic rise of premarital sex among the youth, Herzog illustrates that the limited view of Nazi policies towards ‘reproduction’ of Aryan families is untenable.³⁴⁶ Nazi Germany simultaneously enforced procreation and repressed promiscuity, while supporting sexual pleasure. Opinions were polarised between progressive and conservative sexual mores within the party, the church, and the population.³⁴⁷ Therefore, by referring to the theories of Foucault, Herzog reveals that facilitating the positive effects of experiencing pleasure consolidated Nazi power—especially by promoting pre-, intra- and extramarital sex.³⁴⁸ Sexual pleasure and satisfaction heightened the morale and loyalty to the *Führer*, which often contradicted the aim to break down the Weimar Republic’s sexual legacy. The purposeful utilisation of sex to strengthen personal ties to the regime, on the one hand, and the experience of sexual pleasure, on the other, may appear as contradictory. However, the Nazis offered a broad state narrative of sexual activity by defining sexual freedom according to race, moral views, and personal desires, and thus opportunities for the individual and mnemonic communities to assimilate with the regime. This conduct has been described as one of the most important reasons for Hitler’s popularity in the recent literature.³⁴⁹ The heterogeneous nature of the narrative created by the Third Reich regarding the sexualities of various people with diverse ethnic or class backgrounds and the subsequent medical experiences of individuals had an impact on postwar mentalities and attitudes. This starting point is used for investigating the statistics of, and reasons

³⁴⁶ Herzog, *Sex after Fascism*, p. 25.

³⁴⁷ For this notion, see Wolfgang König, *Das Kondom: Zur Geschichte der Sexualität von Kaiserreich bis in die Gegenwart* (Stuttgart: Steiner, 2016), p. 123; Herzog, ‘Hubris and Hypocrisy’, pp. 6–10; Timm, ‘Sex with a Purpose’, p. 224.

³⁴⁸ Herzog, *Sex after Fascism*, p. 31; Herzog, ‘Hubris and Hypocrisy’, p. 6; Foucault, *The Will to Knowledge*, pp. 44–45; Timm, ‘Sex with a Purpose’, pp. 224–25.

³⁴⁹ For an overview of this finding, see Mark Fenemore, ‘The Recent Historiography of Sexuality in Twentieth-Century Germany’, *The Historical Journal*, 52 (2009), 763–79.

for, the epidemic spread of STDs, which forms the basis for analysing the narrative and responses of state or local authorities. The resulting policies shaped the medical memories and experiences of the patients suffering from STDs within and outside health clinics.

Klesse's historical overview and report on venereal diseases in postwar East Germany concluded by stating that “[w]ar and commerce were, in the past as well as today, the *Schrittmacher* [pacemaker] of STDs”.³⁵⁰ In his statement, Klesse identified two reasons for the increase of STDs: war and the resulting displacement of people, especially caused by bombardment, battle, incarceration, expulsion, and resettlement.³⁵¹ However, these social issues and the rapid rise of venereal diseases were never a unique SBZ problem, and thus a comparison with the West Zone is essential to contextualise the analysis. In Lower Saxony in the WBZ, for example, a report of the State Ministry of Labour, Rebuilding, and Health from 1948 also attributed the increase of STD cases to the “social disruption” of their population.³⁵²

The 15- to 30-year-olds of the fluctuating population are the best breeding ground [for STD infections], regardless of whether or not the rootlessness of the population was or is caused by expulsion, escape, bombing, hunger, unemployment, or unwanted work commitments.³⁵³

³⁵⁰ ‘Max Klesse, Über die Beurteilung der Geschlechtskrankheiten und die Maßnahmen zur ihrer Bekämpfung, 26. August 1946’: BArch, DQ 1/1610, unpaginated.

³⁵¹ This predicament had been recognised by Nazi health officials as early as in April 1945. ‘Der Kommandeur der Sicherheitspolizei, 4. April 1945’: StA Dresden, Krankenpflege- und Stifamt, 2.3.24, Nachtrag 12, Bl. 3.

³⁵² ‘Der Niedersächsische Minister für Arbeit, Aufbau und Gesundheit. Betr. Bekämpfung der Geschlechtskrankheiten (GK), 31.7.1948’: BArch, DQ 1/292, unpaginated.

³⁵³ “Den besten Nährboden bilden die 15–30 Jährigen der fluktuierenden Bevölkerung, gleichgültig, ob diese Entwurzelung der Bevölkerung durch Ausweisungen, Flucht, Ausbombung, Hunger, Arbeitslosigkeit oder unerwünschte Arbeitsverpflichtungen hervorgerufen wurde und wird”. ‘Der Niedersächsische Minister für Arbeit, Aufbau und Gesundheit. Betr. Bekämpfung der Geschlechtskrankheiten (GK), 31.7.1948’: BArch, DQ 1/292, unpaginated.

The report concluded that these parts of the population had to find a residence first in order to register and effectively treat the STDs—consequently, they urged stricter regulations against the roving parts of the population.³⁵⁴ Both the WBZ and SBZ suffered from similar problems. East and West officials targeted immorality and promiscuity, which were supposedly prevalent among their respective populations. The official East German explanation for the low STD infections in February reveals this prejudice by stating that “the persisting cold weather back then [resulted in] fewer opportunities for outdoor, extramarital sex”.³⁵⁵ By contrast, authorities feared the summer and especially the spring seasons for its rise of ‘sexually deviant behaviour’, emphasising that issue in numerous reports.³⁵⁶ Pre- and extramarital sex remained highly stigmatised and was seen as a danger to society—a conclusion, from which the state derived its right to intrude the private spheres of its citizens. Nonetheless, as Hall similarly analyses for the UK, it was the qualitative judgement, rather than the quantitative amount of sexual activity, which changed during the 1940s: in the same way as in the SBZ, moralised judgements were the reaction of the state narrative towards a palpable and dangerous increase of STDs in the postwar UK.³⁵⁷

The threat of STDs and the reason for the subsequent reaction of health officials can be found in the age distribution of new infection cases.³⁵⁸ Figure 1 (p. 131) shows that the age cohort of over 25-year-olds were the largest group which suffered from STDs in

³⁵⁴ ‘Der Niedersächsische Minister für Arbeit, Aufbau und Gesundheit. Betr. Bekämpfung der Geschlechtskrankheiten (GK), 31.7.1948’: BArch, DQ 1/292, unpaginated.

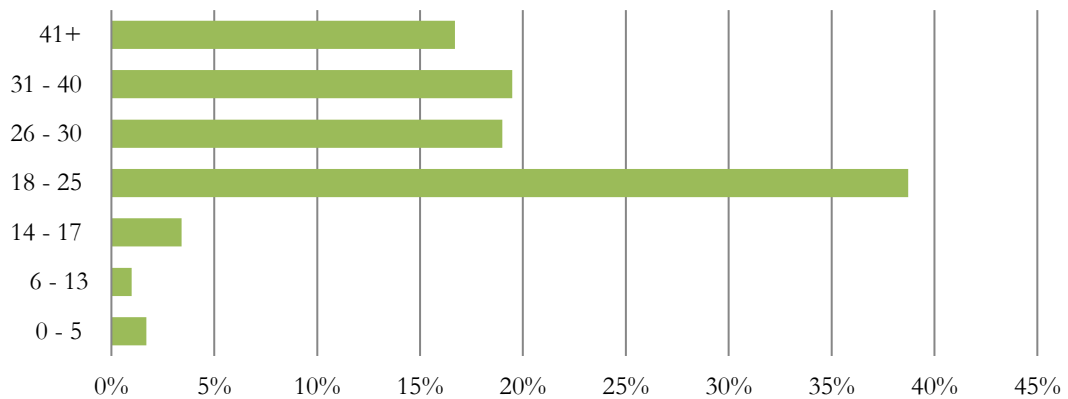
³⁵⁵ ‘Jahresbericht 1947’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 13.

³⁵⁶ Ibid.; ‘Erweiterte Vorstandssitzung vom 4. Juni 1946’: BArch, DQ 1/139, Bl. 129; ‘Unterbringung von etwa 40 geschlechtskranken Männern aus dem Behelfskrankenhaus Winterbergstraße im Fürsorgeheim Dresden-Leuben, 9. Februar 1948’: StA Dresden, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 134.

³⁵⁷ Hall, *Sex, Gender and Social Change*, p. 133.

³⁵⁸ For an overview of STD cases in Saxony during the postwar period and a comparison with the numbers of the WBZ, see BArch, DQ 1/292, unpaginated; BArch, DQ 1/1848, unpaginated; BArch, DQ 1/5440, Bl. 174–218; BArch, DQ 1/5855, unpaginated; Hans Philipp Pöhn and Gernot Rasch, *Statistik meldepflichtiger übertragbarer Krankheiten: Vom Beginn der Aufzeichnungen bis heute (Stand 31. Dezember 1989)* (Munich: MMW, 1994), pp. 177, 179.

Figure 1: Age Distribution of New STD Cases in Saxony in 1948



Source: BArch, DQ 1/5440, Bl. 174–218.

1948. However, this fact has to be qualified as this group made up the largest part of the population. Therefore, their morbidity was relatively low, compared to the nearly 40 per cent of all new STD cases that occurred in 18- to 25-year-olds in Saxony in 1948 (Figure 1 (p. 131))—a development, which authorities recognised as the biggest issue for the public health of the future generation. It appears more threatening when considering the changed demography of postwar East Germany. War ensured that especially the numbers of men, but also of women of this age group were significantly reduced during this conflict. The result was that STDs were disproportionately widespread within this cohort, which led to a high-risk for their members to get infected.³⁵⁹ Consequently, the state narrative targeted adolescents, suggesting that they were the most morally ‘uprooted’ and ‘socially deviant’ people in the period following the Third Reich. However, the new East German state also needed to rely on this generation for its legitimization and construction. Therefore, authorities implemented policies for medically and socially controlling this generation in order to ‘lead’ them to ‘the right path of Socialism’: a reoccurring theme in this chapter, as well as Chapter 4.

³⁵⁹ ‘Jahresbericht über die Arbeit der Landeszentrale zur Bekämpfung der Geschlechtskrankheiten 1946’: BArch, DQ 1/292, unpaginated, see especially *Anlage 3* with demographic statistics for Saxony in 1946.

Calculated from the overall percentage of new STD infections, the annual report of 1948 illuminated that for the over 18-year-olds 52 per cent were single, 37 per cent were married, and 11 per cent were separated or divorced.³⁶⁰ This statistic also quantified that from these STD cases, only 17.5 per cent acquired their disease through marital sex; most transmissions (72.6 per cent) occurred pre- or extramarital with ‘well known’ or ‘casual’ contacts. By contrast, only 17 cases were registered in the Saxon statistics in 1948, in which a prostitute was supposedly the source of infection.³⁶¹ This low number contradicts the common view among the authorities, that ‘prostitutes’ were the main problem for the STD epidemic, and thus challenges the policies implemented, and stigmatisation enforced towards this group. However, the possibility that ‘prostitutes’ were hidden in the ‘casual contacts’ category is quite tenable, as people tried to avoid disclosing paying for sexual intercourse. As a result, the category of ‘casual contacts’ led the official narrative to the second main target: the ‘frequently promiscuously behaving’ person—findings that need further consideration in the following sections.³⁶²

Continuing the analysis of Figure 1 (p. 131), the numbers of the group of the under 17-year-olds cannot be explained by an increase in ‘immoral’ sexual activity among adolescents alone. However, the state narrative mostly facilitated this argument that the youth’s behaviour was the cause for the high STD infection rates among this group.³⁶³ Evaluating the statistics, the registered cases of birth and possible ‘smear’ infections are insufficient for justifying the total of 257 cases in the age group of the 0- to 5-year-olds and 149 in the age 6- to 13-year-olds, especially, as the reports only provided proof for 37 infections by birth.³⁶⁴ Consequently, behind these statistics the concealed sexual abuse

³⁶⁰ The total number of new STD cases for people over the age of 18 was 14,204 in Saxony in 1948, which was used for the calculation in the text. BArch, DQ 1/5440, Bl. 174–218.

³⁶¹ BArch, DQ 1/5440, Bl. 174–218.

³⁶² See Chapter 3.3 and 3.4.

³⁶³ See Chapter 4.3.

³⁶⁴ BArch, DQ 1/5440, Bl. 174–218.

of minors by contemporaries is hidden that became part of ‘war children’s’ medical war experiences, investigated in Chapter 4.³⁶⁵

The analysis of the transition from war to postwar has illustrated that interpretations of sexuality and the connection with the STD epidemic in purely ‘conservative’ and ‘repressive’ terms appear untenable. As identified for the Third Reich, pre- and extramarital sex was common and partly encouraged by the regime due to its power-securing intentions. With the beginning of the Second World War, the Nazis established, for example, state-run brothels for the *Wehrmacht* to strengthen soldiers’ battle moral. However, they also built similar facilities for forced foreign labour, and even for concentration camp prisoners. According to Timm, the Nazis’ motivation was purely strategic: a sexually satisfied inmate or worker would be more productive for the Reich.³⁶⁶ In the postwar years, health authorities continuously targeted prostitution—a so-called social-hygienic burden of the ‘old class system and bourgeois society’.³⁶⁷ In general, the quantity of sexual intercourse hardly changed with the end of the war. The change occurred in the qualitative judgement in the form of a state narrative of the nascent East German nation. Therefore, the so-called ‘promiscuity’ of adolescents, unmarried, and married people was a nuisance to, and thus constantly policed by, social and healthcare officials. In the case of Saxony, the local level analysis has revealed not only a widespread ‘deviance’ in sexual activity, but also some traits of sexual violence against minors. An acquired STD was often the only sign of sexual abuse, but was hardly registered as such by authorities in the postwar period. By contrast, a repeatedly addressed issue was the disproportionately high infiltration of STDs into the most fertile cohort of the population: the 18- to 25-year-olds. Due to

³⁶⁵ Evans also refers to a case, where a 4-year-old boy developed a STD after he was raped by American soldiers. However, the occupiers never faced prosecution—the boy and his parents had to live with this incidence, without official support. Evans, *Life Among the Ruins*, pp. 76–77.

³⁶⁶ Timm, ‘Sex with a Purpose’, pp. 227, 247; For further information, see Anna Maria Sigmund, *Das Geschlechtsleben bestimmen wir: Sexualität im Dritten Reich* (Munich: Heyne, 2008), pp. 248–52.

³⁶⁷ ‘Parteivorstand SED an Herrn Staatssekretär Peschke, Ministerium für Arbeit und Gesundheitswesen, 7. Juli 1950’: BArch, DP 1/7110, Bl. 13.

this fact, East German authorities tried to push for a more conservative attitude and narrative towards sex, which initially propagated ‘early marriage’ and condemned any ‘abnormality’ as a Third Reich legacy and blamed it upon their lack of morality.³⁶⁸ These arguments and the discussed statistics prove that medical memories significantly influenced the reaction of the state, which was reflected on the medical experiences of patients with the new postwar East German healthcare system and its institutions, for example, the *Ambulatorium*.

³⁶⁸ For a broader analysis of sex education in the nascent GDR, see Mark Fenimore, ‘The Growing Pains of Sex Education in the German Democratic Republic (GDR), 1945–69’, in *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth-Century Europe*, ed. by Lutz D H Sauerteig and Roger Davidson (London: Routledge, 2009), pp. 71–90. For the use of the Nazi past as narrative of state authorities for ‘abnormal’ behaviour among the East German youth, see Chapter 4.3.

3.2 Institutionalised Medical Memories and Experiences: The Revival of *Ambulatorien*

*The hitherto existing medical confidentiality has been restricted in this area because higher state interests and the welfare of others are at stake.*³⁶⁹

Max Klesse, *Regarding the Assessment of STDs and the Measures to Fight them*, 1946

The Head of the STD Department at the DZVGW, Klesse proclaimed in 1946 that state interventions could not respect the borders of the private sphere in postwar East Germany—in particular, if someone was suspected of having an STD. In the name of preserving public health, the state felt compelled, and concurrently allowed, to restrict individual liberties. The quotation above and the preceding section have shown the relation between the recognition of a predicament—the STD epidemic—and the implementation of forced and compulsory measures, such as hospitalisation and institutionalisation, which shaped the state narrative. This dualism, consisting of policies that intruded upon people’s privacy, was considered a requirement for successfully curbing the continuous spread of the diseases. At the conference of state venereologists in July 1946, the President of the DZVGW, Paul Konitzer—discussed in Chapter 2—agreed with Klesse’s arguments. He called for more responsibility among doctors in the ‘fight’ against STDs in the sharpest tones:

[The SMAD Command 030] means for you [here, addressing doctors, responsible for curbing the STDs] the most serious duty of your life. There will be no further command,

³⁶⁹ “Die bisher bestehende ärztliche Schweigepflicht wurde auf diesem Gebiet eingeschränkt, weil höhere staatliche Interessen und das Wohl der Mitmenschen auf dem Spiel stehen”. ‘Max Klesse, Über die Beurteilung der Geschlechtskrankheiten und die Maßnahmen zur ihrer Bekämpfung, 26. August 1946’: BArch, DQ 1/1610, unpaginated.

but there will be punishments, and in fact very resolute punishments. I warn you! Take the command as seriously as possible [emphasis as in the original, M.W].³⁷⁰

Konitzer made clear to his colleagues that the process of implementing the Command 030 was comprehensively monitored by the SMAD: from the DZVGW director down to the provincial physician. The emphasis of their orders rested on fighting bureaucracy and introducing a far-reaching system of medical and social control.³⁷¹ Therefore, this section illustrates, how the SMAD Commands, the East German state narrative, as well as central and local health authorities, such as Konitzer, Linser, or Klesse, and their medical memories shaped the resurrection of a health clinic that was set up to contain the STD epidemic in the postwar era. The emergence of this institution was a conscious continuity of the Weimar Republic. However, the investigation into this clinic also reveals legacies of the Third Reich, especially in regards to the use of language. The latter was partly due to the ability of medical personnel to continue their practice after 1945, as shown in Chapter 2, on the local level, which staffed this health institution, and subsequently influenced the medical experiences of the patients as well.

Based on the SMAD orders, local authorities in Dresden decreed that the prophylaxis, diagnosis, as well as the actual treatment of STDs “ha[d] to be carried out initially regardless of costs by every institution [emphasis as in the original, M.W.]”, indicating that health officials were well aware of the predicament.³⁷² Moreover, they implemented laws that every patient with an STD had to be hospitalised and that doctors, patients, and the population as a whole had to be punished if they did not comply with

³⁷⁰ “bedeutet für Sie die schwerste Verantwortung ihres Lebens. Es kommt kein weiterer Befehl, aber es kommen Strafen, und zwar sehr energische Strafen. Ich warne Sie! Nehmen Sie den Befehl so ernst wie möglich”. ‘Den Herren Kontrollärzten, die im Auftrage der Zentralverwaltung die Ambulatorien, Prophylaktorien, Geschlechtskrankenhäuser bzw. –Stationen sowie die zur Behandlung Geschlechtskranker zugelassenen Ärzte kontrollieren, hinsichtlich der Durchführung des Befehls Nr. 030, 30. Juli 1946’: BArch, DQ 1/139, Bl. 49.

³⁷¹ Ibid.

³⁷² ‘Rundschreiben Nr. 6, 26. September 1945’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 1, Bl. 13.

the regulations. However, these initial orders were quickly identified to be insufficient, as German authorities, as well as medical professionals, proved to be reluctant partners to the SMAD. Six months after their initial orders, the Soviet officials complained that hospitalisation, investigating sources of infection, and especially the “fight against prostitution, as the fundamental cause for all STDs” were nonexistent. Therefore, the SMAD issued the Command 030, as well as the Secret Order 0194 in 1946, which would shape the medical landscape for the following years.

By enforcing a comprehensive ‘combat’ against STDs, the SMAD instructed that all local health authorities had to significantly expand the number of centres for educating, preventing, diagnosing, and treating STDs until March 1946.³⁷³ Their use of words or phrases, like “the comprehensive fight to defend the metropolitan area of Dresden” against STDs, in the official language suggests a militaristic approach towards containing epidemics.³⁷⁴ However, the postwar era showed not only a continuity of warfare language, especially regarding contagious diseases, but also a continuity of Weimar Republic and Third Reich medical concepts and descriptions of patients—a legacy in the form of medical memories and mentalities within the postwar East German society.³⁷⁵

Based on Command 030, the Soviet Commander of the *Sonjetische Militäradministration in Sachsen* [Soviet Military Administration in Saxony – SMAS], General Dubrovsky, released a state-specific decree at the end of February 1946. Apart from similar formulations as in the SMAD Command, Dubrovsky mainly attacked private practitioners in the Saxon state. According to him, they “need[ed] for diagnosing an inadmissibly long time”, and would “bear no responsibility for the measures to fight diseases and carry out an

³⁷³ ‘SMAD-Befehl Nr. 030, 12. Februar 1946’: StA Dresden, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 40.

³⁷⁴ ‘Jahresbericht 1946, 2. Januar 1947’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 8.

³⁷⁵ Harsch also identified this pattern of continuity regarding the use of language for the treatment of Tbc patients. Harsch, ‘Medicalized Social Hygiene?’, pp. 399, 402.

adequate treatment”.³⁷⁶ Therefore, state health authorities were required to monitor private practitioners and control the accuracy of their work. Furthermore, to fulfil Dubrovsky’s order to increase the health clinics in rural areas, private practitioners were also obliged to work at least four hours in outpatient or inpatient STD institutions.³⁷⁷

Due to the large number of buildings destroyed or damaged in postwar Dresden, local officials instructed that “[p]rivate clinics of Dermatology and STD specialists and if necessary also those of GPs should be seized for this purpose” to fulfil Dubrovsky’s request.³⁷⁸ This procedure was tantamount to a nationalisation under the guise of the STD epidemic. The reason why private practitioners faced these multifaceted restrictions and interventions into their practice was not only that the SMAD and the East German health officials favoured a state-run healthcare system, but also partly due to the medical memories of the East German state and the individual doctor: two-thirds of the private practitioners in the Third Reich were members of the NSDAP or other Nazi organisations.³⁷⁹ As a result, the East German state aimed to eliminate private clinics and create a pure state healthcare system as early as 1946—however, the GDR saw itself forced to apply a pragmatic denazification and grant concessions, not least due to the constant drain of doctors to West Germany until the construction of the wall in 1961.³⁸⁰

³⁷⁶ ‘Verwaltung der SMA für das Bundesland Sachsen, Nr. 51, 21. Februar 1946’: StA Dresden, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 37.

³⁷⁷ Ibid., Bl. 37–38; For a comparison with Command 030, see ‘SMAD-Befehl Nr. 030, 12. Februar 1946’: StA Dresden, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 40.

³⁷⁸ ‘Rundverfügung Nr. 64. Anordnung zur Bekämpfung der Geschlechtskrankheiten im Bundesland Sachsen’: StA Dresden, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 33.

³⁷⁹ Ernst, *Die beste Prophylaxe ist der Sozialismus*, p. 145; Naser, *Hausärzte in der DDR*, pp. 54, 69. See Chapter 2.

³⁸⁰ In the single year of 1958, 927 doctors left the GDR for the West. Ernst, *Die beste Prophylaxe ist der Sozialismus*, pp. 34, 55. Therefore, the doctors’ communiqués from 1958 and 1960 granted far-reaching concessions as the state reaction to this high drainage. Many of these concessions, however, would be ‘silently’ repealed after 1961. ‘Zu Fragen des Gesundheitswesens und der medizinischen Intelligenz, 16. September 1958’; ‘Kommuniqué des Politbüros des Zentralkomitees über Maßnahmen zur weiteren Entwicklung des Gesundheitswesens und zur Förderung der Arbeit der medizinischen Intelligenz, 16. Dezember 1960’.

Following the introduction of a state healthcare system, Saxon's State Health Administration Order 64 from the beginning of March 1946 determined that every district had to establish health clinics for STDs, providing a comprehensive network throughout Saxony.³⁸¹ These medical institutions quickly became the focal point for all efforts to curb STDs in the postwar era. Their tasks included the treatment, counselling, prevention, aftercare, as well as the comprehensive monitoring and reporting of cases.³⁸² “*Ambulatorien* [health clinics] [was a] better name than *Beratungs- und Behandlungsstellen* [counselling and treatment centres]”, remarked Konitzer in an extended board meeting at the DZVGW in June 1946.³⁸³ Consequently, East German, and not SMAD, health authorities decided to revive *Ambulatorien*. Together with the other outpatient institute—the *Poliklinik* [polyclinic]³⁸⁴—these types were nothing but new versions of an old concept: they were a conscious emphasis of the social and socialist hygiene legacies, partly realised in the Weimar Republic.³⁸⁵ Therefore, the implementation of the health officials' medical memories into postwar East Germany shows their agency and contests the historiographical view of a pure dictation by Moscow.³⁸⁶ For the SBZ and later the GDR, *Ambulatorien* were one important part of the free and universally accessible, outpatient, state-run healthcare system. Health authorities established a separate clinic not only for STDs but also for Tbc, which was a novel feature of the Weimar Republic and yet was introduced to East Germany.³⁸⁷

³⁸¹ ‘Rundverfügung Nr. 64. Anordnung zur Bekämpfung der Geschlechtskrankheiten im Bundesland Sachsen’: StA Dresden, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 33–34.

³⁸² ‘Jahresbericht 1946, 2. Januar 1947’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 8.

³⁸³ ‘Erweiterte Vorstandssitzung vom 4. Juni 1946’: BArch, DQ 1/139, Bl. 130.

³⁸⁴ For the organisation of polyclinics in the GDR and the nostalgia associated with them in Germany today, see Ernst, ‘*Die beste Prophylaxe ist der Sozialismus*’, pp. 32–33; *Bau von Ambulatorien und Polikliniken: 1. Mitteilung*, ed. by Kurt Liebknecht, Herbert Weinberger, and Kurt Winter ([n.p.]: Arbeitsgemeinschaft Medizinischer Verlag, 1949), pp. 5–6.

³⁸⁵ Weindling, *Health, Race, and German Politics*, p. 355. Evans also refers to the legacy of Weimar and Imperial Germany regarding the implemented health policies against STDs. Evans, ‘Life Among the Ruins’, pp. 79–80.

³⁸⁶ For the discussions of a pure Stalinisation of East Germany, see Grieder, *The East German Leadership*; Schroeder, *Der SED-Staat*.

³⁸⁷ Weindling, *Health, Race, and German Politics*, p. 359.

During 1946, however, Saxony failed to reach the target of establishing the required network of *Ambulatorien* for STDs. Due to the scarcity of appropriate buildings and personnel, the health centres had to be connected with private clinics and staffed with private practitioners. However, they were rather reluctant to fulfil the extra shifts they were obliged to by SMAD Command 030. Konitzer criticised these conditions as they concentrated on treatment, thus neglecting *Fürsorge* [care]. According to him, the failure occurred due to problematic nature of the medical profession—a mnemonic community, alien to socialist ideals—which, in contrast to state health officials, was incapable of implementing social-hygienic policies.³⁸⁸ However, the tasks of *Ambulatorien* involved not only diagnosing and treating STDs, but also writing complex statistical reports and investigating sources of infection. Furthermore, the staff were supposed to control private practitioners, who were eligible to treat STDs, as well as monitor, for example, *heimliche Prostituierte* [clandestine prostitutes] within the district appointed to the health centre.³⁸⁹ The onset of not only these social hygienic tasks, but also the accompanying broad medical surveillance, shows that the East German state distrusted the doctor and the patient alike.³⁹⁰

To fulfil the manifold responsibilities of the *Ambulatorium*, health officials emphasised the work of *Fürsorgerinnen* [female carers and nurses], who were mainly entrusted with the social hygiene tasks, such as caring for, and observing, patients, as well as carrying out administrative tasks. Apparent here is the desired shift of roles and competencies within the traditional hierarchies in clinics, which were often in conflict with the engraved institutional memories. However, compared to the FRG and previous periods, nurses gained a higher status within the provision of healthcare in the GDR, which was also

³⁸⁸ ‘Erweiterte Vorstandssitzung vom 4. Juni 1946’: BArch, DQ 1/139, Bl. 130.

³⁸⁹ ‘Rundverfügung Nr. 64. Anordnung zur Bekämpfung der Geschlechtskrankheiten im Bundesland Sachsen’: StA Dresden, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 33.

³⁹⁰ Harsch, ‘Medicalized Social Hygiene?’, p. 396.

reflected in their addition to the so-called ‘doctor–nurse–patient relationship’.³⁹¹ State health officials, for example, showed their continuous appreciation of *Fürsorgerinnen* by introducing the so-called *Ekelzulage* [disgust-bonus] in August 1953. The GDR created this ‘hardship allowance’ for its medical personnel in the dermatology and STD institutes for the duration of ‘nauseating work’.³⁹² However, apart from the state’s appreciation of work carried out by its health personnel, this example exposes the mentalities towards people with skin diseases, and, especially, venereal diseases.³⁹³

Therefore, the research of this type of medical institution offers some insight into the perception of individuals, involved in the debates surrounding the medical and social treatment of STD patients. Already after the establishment of the health centres in 1946, some health officials voiced their discontent with the special clinics for STDs. They argued that *Ambulatorien* were “too public”, infringing upon the intimacy and trusting atmosphere of the doctor’s examination room.³⁹⁴ Therefore, authorities recognised people’s fears that visiting these clinics often resulted in the stigmatisation of the individual. The entry to the institutional space of the *Ambulatorium* signalled to the social environment that one might be ‘promiscuous’ and was thus accompanied with a danger of being ‘shamefully’ treated by others. Therefore, state as well as local officials intended to merge *Ambulatorien* into existing *Polikliniken* as one of their sub-departments to reduce the reluctance of patients to attend the STD clinic. However, the DZVGW argued that it was:

³⁹¹ For the need of nurses in the immediate postwar era, see ‘Entlassung von Fürsorgerinnen auf Grund der Direktive Nr. 24, 29. Januar 1947’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 1, Bl. 73.

³⁹² ‘Ekelzulage, 9. Februar 1954’: BArch, DQ 1/4436, unpaginated; ‘Richtlinien für die Gewährung von Erschwerniszuschlägen für die Beschäftigten in den klinischen Einrichtungen für Haut- und Geschlechtskrankheiten für die dem Ministerium für Gesundheitswesen der DDR nachgeordneten Institute in Gross-Berlin’: BArch, DQ 1/4910, unpaginated.

³⁹³ See Chapter 3.3.

³⁹⁴ ‘Erweiterte Vorstandssitzung vom 4. Juni 1946’: BArch, DQ 1/139, Bl. 130.

not advisable to carry out the examinations, or possibly the police summoning, of promiscuous people in the polyclinic's premises. This certainly [led] to objections of other patients who thereby [were] prevented from attending the outpatient clinic.³⁹⁵

This DZVGW statement immediately lends credence to the finding that contemporaries viewed people with STDs and the 'promiscuous' as public nuisances. Furthermore, it exemplifies the lack of anonymity—an essential prerequisite for the treatment of moralised diseases like STDs—and thus the disrespect of people's private sphere in these health institutions that shaped the medical experience of the individual patient within this clinic.

Nonetheless, after the GDR was founded, the state revisited the plan to integrate the health clinic for STDs into the polyclinic for financial reasons.³⁹⁶ In particular, Saxony was in favour of this "because then the well-known and notorious name *Ambulatorium* would be omitted, which often [gave] cause for complaints".³⁹⁷ The institution gained a bad reputation among the local population not least because of the mentioned organisational problems and thus local authorities sought to rebrand the institution to disguise its medical memories and experiences. The mentality and apparent treatment, which patients experienced within these specialised institutes was an important reason for people's critical perceptions towards *Ambulatorien*. Already in September 1946, the city health department approached all health clinics for STDs in Dresden on this matter. By referring to numerous complaints by the local community, they stressed:

that also the treatment of patients in the STD clinics and *Ambulatorien* has to be done in a way, which otherwise is common in hospitals as well. It has to be especially avoided that a

³⁹⁵ "nicht ratsam, die Untersuchungen oder evtl. polizeiliche Vorführungen von HwG-Personen in den Räumen der Poliklinik durchzuführen. Dies führt mit Sicherheit zu Beanstandungen von Seiten der anderen Patienten, die dadurch vom Besuch der Poliklinik abgehalten werden". 'Abt. II/3 an die Landesregierung Sachsen, MfAuSF. Betr.: Ambulatorien für Haut-und Geschlechtskrankheiten, 28. Juni 1948': BArch, DQ 1/128, Bl. 289.

³⁹⁶ 'Ministerium für Planung an Herrn Minister Steidle, 17. März 1950': BArch, DQ 1/2209, Bl. 101–02.

³⁹⁷ 'MfG Sachsen an MfAuGW, HA GW, DDR. Betr.: Überführung der venerologischen Ambulatorien in die Polikliniken, 14. Juli 1950': BArch, DQ 1/2209, Bl. 169.

Polizei- und Kasernenton [police and military tone] gains the upper hand while dealing with patients. We cannot forget, that we as doctors are facing patients. This, however, does not exclude that we in cases, in which we have to rely on force, indeed take drastic measures.³⁹⁸

This letter illustrates that patients in these institutions had adverse medical experiences. Not only within the population but also within these specialised clinics, patients with STDs faced stigmatisation and doctors and nurses treated them as such. Moreover, this was not a singular case in the local sphere of Dresden. The exposed mentality here that patients suffering from an STD were not regarded and treated as ‘normal’ patients with, for example, a cold, was rather a common issue throughout the SBZ and later the GDR. In a meeting in March 1950 in the new Ministry of Labour and Healthcare, state health officials stressed, “that the term “*Ambulatorium*” [was] not bearable anymore because the word alone evokes inhibitions among patients”.³⁹⁹ Therefore, they planned to ‘camouflage’ these special clinics and suggested to integrate them as departments of dermatology into hospitals.

The recognised issues with the STD clinic’s name resulted in its change in Dresden in July 1952—from *Ambulatorien für Haut- und Geschlechtskrankheiten* to simply *Hautabteilung*, consciously avoiding STDs in the title.⁴⁰⁰ Another alteration occurred on the local level, following the formal disempowerment of the federal states in the same year: officials dissolved the Saxon State Office for ‘combating’ STDs, transferring their tasks and competencies to the regional venereologists and changed the name of the ‘District Officer

³⁹⁸ “daß auch die Behandlung der Patienten in den Geschlechtskranken-Stationen und Ambulatorien in einer Weise durchgeführt wird, die auch sonst in den Krankenhäusern üblich ist. Vor allem muß vermieden werden, daß ein Polizei- und Kasernenton im Umgang mit den Patienten überhand nimmt. Wir dürfen nicht vergessen, daß wir als Ärzte Patienten gegenüberstehen. Dies schließt jedoch nicht aus, daß wir in Fällen, wo wir auf Zwang angewiesen sind, doch durchgreifen [sic]”. ‘Hauptgesundheitsamt, An die Ambulatorien I-VII, Infektionskrankenhaus Trachau, Behelfskrankenhaus Winterbergstraße und Fürsorgeheim Leuben, 30. September 1946’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 1, Bl. 54.

³⁹⁹ ‘Bericht über die am 7.3.1950 stattgefundene Besprechung betr. Bekämpfung der Geschlechtskrankheiten, 31. März 1950’: BArch, DQ 1/2209, Bl. 344.

⁴⁰⁰ ‘17. Juli 1952’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 1, Bl. 253.

for Combating STDs’ to ‘District Venereologist’, which represented a more subtle use of language.⁴⁰¹ Harsch identifies in her study that the same procedure occurred in Tbc reports during the mid-fifties. She ascribed this development to the appearance of the so-called ‘sociological language’ after Stalin’s death in 1953. This ‘depoliticised language’, as she called it, led both Tbc vaccinations and STD regulations to shift away from ‘coercive language’.⁴⁰² Nevertheless, after the end of the STD epidemic, these shifts also revealed that the previously open use of force vanished into a concealed procedure.

As this section has shown, the short life of the *Ambulatorien* for STDs between 1946 and 1952 was accompanied by organisational issues and questionable legacies from the past. Even if proposed and officially treated as such, these institutions were never the predominant form of STD clinics at any stage. The main burden was put on the shoulders of the numerous private practitioners who were restricted in their practice. Their premises were forcefully utilised by the state, and private doctors were compelled to undertake additional work in the state health sector from 1946 onwards. Therefore, the example of curbing STDs exposed the struggle in the postwar years between and within local and central government bodies, between city officials, private and state doctors, and local health authorities, as well as the population and the new healthcare system—especially over the medical memories and experiences institutionalised in the *Ambulatorium*. In many respects, however, the reaction of the state and the population failed to end the taboo topic—acknowledging the possibility of acquiring sexually transmitted diseases—and thus to overcome the stigmatisation of STD sufferers. This section has identified how the medical memories of health officials, doctors, nurses, and the population shaped the medical experience of patients suffering from STDs when attending specialised *Ambulatorien*. However, the uncovered mentalities were not limited to the institutional boundaries

⁴⁰¹ ‘10. Oktober 1952’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 1, Bl. 258.

⁴⁰² Harsch, ‘Medicalized Social Hygiene?’, pp. 418, 420–21.

of a certain building, space, and place, but revealed itself even more outside of these health clinics, discussed in the following section.

3.3 Experiencing Medical Memories: Hospitalising and Policing Sources of Infection

*The population probably still perceives the [STD] bureau as a prosecuting authority, which with its measures could apparently be a hindrance or even harmful to the sick person's private and work life for many years to come.*⁴⁰³

STD Department Dresden, *Annual Report for 1947, 1948*

The statement above from the Dresden STD Department proves that people's behaviour and their perception of postwar medical institutions were a concern of the state as early as 1948.⁴⁰⁴ This finding stands in contrast to Harsch who claims that patients' moods in East Germany were not analysed until 1963. However, if not in a psychological-analytical way, state departments had to ask themselves, why people were reluctant to visit the previously discussed *Ambulatorien*. The case of Dresden reveals that health officials were aware of the necessary popular support to successfully curb STDs. They urged educational campaigns and exhibitions, thereby addressing people's fears of being "registered with the office [...] as well as [of being] forcefully hospitalised".⁴⁰⁵ Nevertheless, health officials hastily stigmatised people as 'asocial' rather than studying the social and psychological background of their reluctant behaviour. However, the example shows that the mood and perception of the 'ordinary' patient had to be considered if authorities sought

⁴⁰³ "Die Bevölkerung sieht wahrscheinlich teilweise noch in der Behörde die bestrafende Instanz, die durch ihre Maßnahmen den Erkrankten scheinbar noch auf lange Sicht hinaus seinen Berufs- sowie Privatleben hinderlich sein oder sogar schaden könnte". 'Jahresbericht 1947 der Zentralstelle zur Bekämpfung der Geschlechtskrankheiten, 9. Januar 1948': StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 9.

⁴⁰⁴ Harsch's statement relies on a proposed lack of archival sources, which could also be due to the fact that she only conducted research in the Federal Archive. Harsch, 'Medicalized Social Hygiene?', p. 413. Another example represents her conclusion regarding the Tbc treatment based on Pavlov, where she claims that she discovered "two Pavlovian techniques are, one notes with surprise, the only archival evidence of Soviet-inspired innovations in TB treatment in the GDR" (p. 406). However, she only references BArch sources, which could distort her analysis.

⁴⁰⁵ 'Jahresbericht 1947 der Zentralstelle zur Bekämpfung der Geschlechtskrankheiten, 9. Januar 1948': StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 9.

to sell the new socialist healthcare system to the people—not least to convince them of the necessity of restricting personal liberty and applying forceful public health policies.

This section looks at two main strategies for curbing STDs in postwar East Germany that were simultaneously enforced as well as criticised: the hospitalisation of sufferers, and the nightly raids in bars and clubs to find sources of infection. People's fears that these measures intruded upon their private sphere were a realistic perception. In January 1947, the Saxon STD Department reported 326 police-enforced admissions to hospitals or health clinics, as well as 38 punishments “due to the negligent spread of an STD”.⁴⁰⁶ This section argues that the department reinforced a widespread system of denunciation among the population that health officials viewed as a welcome support for their efforts to contain venereal diseases. It is shown that the authorities used the medical memories of STDs, in the form of persistent, out-dated medical concepts and mentalities, in order to prevent ‘promiscuity’. In turn, the application of intrusive methods shaped the medical experience of patients that, however, resulted in a rise in criticism of the state and subsequently increased their reluctance to consult doctors or seek medical treatment. Additionally, the institutionalised and internalised medical memories, as illustrated for the space and personnel of the *Ambulatorium*, had an impact on the private and work life of an individual that influenced his or her prospects. The last point links the opening statement to the main analysis, and leads to the hypothesis of an extended monitoring, patronising, and reporting system, particular for the efforts to curb STDs, in comparison to previous political systems—not least, due to the continuity of medical personnel at the local level from the Third Reich into postwar East Germany, as introduced in Chapter 2. However, these developments were embedded in the international context and in line with other, non-socialist countries. Therefore, the contextualization of using force against, and the

⁴⁰⁶ ‘Erläuterungsbericht Monat Januar 1947, 6. Februar 1947’: BArch, DQ 1/128, Bl. 401.

stigmatising of, people suffering from an STD reveals the persistence of views and mentalities, believed to be obsolete. As Harsch concludes for Tbc, the forceful measures against, and the restricted personal freedoms of, Tbc patients did not become a subject of criticism or agitation in the struggle between the Cold War parties.⁴⁰⁷ Consequently, this section illustrates people's everyday experience caused by the medical memories in the form of local efforts to curb STDs outside of the *Ambulatorium* in postwar East Germany.

One of the SMAD and East German authorities' main tactics to curb venereal diseases was the law to hospitalise people who suffered from contagious STDs.⁴⁰⁸ However, this measure caused the opposite of health officials' intentions. Klesse stated at the board meeting of the DZVGW in June 1946 that "[t]he outcome of the compulsory hospitalisation, exerted for four months, [was] that people elude[d] treatment or incarceration where possible".⁴⁰⁹ According to Klesse, the lack of discretion and the fear of stigmatisation—as identified for *Ambulatorien*—drove people, especially with higher income, to use 'black treatments'. They obtained their drugs from illegal sources and attempted self-treatment to avoid registration and hospitalisation. From a social hygienic and medical perspective, this development was problematic as it distorted and prevented not only the comprehensive reporting and monitoring of STD cases, but also the medical assurance of a completed cure, and thus these individuals remained potential sources of infection. By contrast, the people's reactions showed that the forceful nature of treatment and the stigmatisation or social judgement of patients with STDs were believed to go hand and hand with the loss of social status and degradation.

⁴⁰⁷ Harsch, 'Medicalized Social Hygiene?', pp. 412–13.

⁴⁰⁸ Over the years, this policy was extended by the succeeding commands that included chronic gonorrhoea into the catalogue of diseases which required hospitalisation in May 1947. 'Jahresbericht 1947 der Zentralstelle zur Bekämpfung der Geschlechtskrankheiten, 9. Januar 1948': StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 74.

⁴⁰⁹ 'Erweiterte Vorstandssitzung vom 4. Juni 1946': BArch, DQ 1/139, Bl. 129.

In addition, people were wary about entering hospitals because of their medical experiences within these institutions. The DZVGW realised that the condition of STD institutions was poor, and thus in October 1946 reminded local officials that “it contradict[ed] the fundamentals of humanity as well as the efficient combat [of these diseases] if a kind of penal function [was] assigned to STD hospitals”.⁴¹⁰ Therefore, continuity in treatment and mentality towards patients with STDs all over East Germany was palpable. In particular, the institutional arrangements, derived from medical memories, reveals officials’ interpretation of STD sufferer as ‘promiscuous’ and thus the infection with an STD as their fault.⁴¹¹

Apart from this conceptual continuity, some issues were the result of the spatial environment and location of hospitals themselves, and was independent from people’s mentalities. Many medical institutions suffered from the destruction and scarcity of goods caused by the Second World War. In Dresden during the harsh winter of 1947/48, for example, all hospitals were affected by the general lack of coal and thus patient rooms only reached temperatures of four to six degree celsius.⁴¹² In one urology clinic, these conditions caused frostbite of one nurse’s hands and feet and, due to the lack of medical equipment and bandaging material, patients often needed to stay in completely damp beds that caused infections of their lungs and bladders.⁴¹³ These examples reveal the conditions within hospitals in the postwar years that shaped the medical memories and experiences of both patients and staff in these spaces, and thus contributed to people’s general reluctance to be hospitalised.

⁴¹⁰ ‘Betr. Einrichtung von Krankenanstalten für Geschlechtskranke, 1. Oktober 1946’: BArch, DQ 1/1010, unpaginated.

⁴¹¹ Ibid.

⁴¹² ‘Jahresbericht 1947 über das Stadt Krankenhaus Dresden-Plauen, 2. Januar 1948’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 81.

⁴¹³ ‘Tätigkeitsbericht für das Jahr 1947, Urologische Klinik, StKh Plauen, 29.12.1947’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 89.

The DZVGW emphasised in a statement in 1946 that appropriate buildings with sufficient equipment and curative environments were the basic requirements for hospitals' establishment, which, as shown, had not been applied for every STD institution. Therefore, they made local officials aware that, "due to the current rules of hospitalisation, also socially irreproachable patients receive[d] admission" to hospitals.⁴¹⁴ Even if in some cases of hardship, such as the "acute, urgent state of emergency for the family, the household or the public interest", exemptions were granted, every person, regardless of income and class, who acquired an infectious STD faced hospitalisation.⁴¹⁵ The reasoning behind this procedure was not only medical. This policy intended to be educational in character: thus, medical experiences were used as a punishment in an attempt to make the hospital a 'general preventive effect' in order to deter people from 'promiscuous' behaviour. Not least, with the late arrival of Penicillin in East Germany, an intense debate arose around exactly this feature of the social and medical treatment of patients with STDs.

In the GDR, the advancement of medicine in the area of STDs was seen as a threat—a danger for the fundamental social hygienic concepts: educating, reporting, and monitoring.⁴¹⁶ Doris Foitzik shows for Hamburg that Penicillin had been sufficiently available for treating STDs since 1946, but it was not broadly available in East Germany until the beginning of the 1950s due to an insufficient pharmaceutical industry.⁴¹⁷ However, the introduction of Penicillin as standard therapy for STDs was not always

⁴¹⁴ 'Betr. Einrichtung von Krankenanstalten für Geschlechtskranke, 1. Oktober 1946': BArch, DQ 1/1010, unpaginated.

⁴¹⁵ '10. Februar 1948': StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 1, Bl. 107.

⁴¹⁶ 'Ambulante Behandlung der Gonorrhoe mit Penicillin, 30. Mai 1951': BArch, DQ 1/2209, Bl. 128.

⁴¹⁷ Doris Foitzik, "'Sittlich verwahrlost': Disziplinierung und Diskriminierung geschlechtskranker Mädchen in der Nachkriegszeit am Beispiel Hamburg', *Neunzehnhundertneunundneunzig*, 1 (1997), 68–82 (p. 74). As most of the pharmacy industry was located in West Germany after the war, the GDR had to import 90 per cent of drugs from the West in 1949. Arndt, *Gesundheitspolitik*, p. 201.

welcomed. At the conference of county doctors in October 1953, Dresden's *Bezirksvenereologe* [County Venereologist] Hörig—who was simultaneously the Medical Director of the *Fürsorgeheim Leuben* [Care Home Leuben]—emphasised that, owing to Penicillin, Gonorrhoea had “lost much of its scare”.⁴¹⁸ He criticised his colleagues' optimism and belief that STDs were a matter of the past due to the new drug. By contrast, Hörig argued that the easy curability resulted in increased levity and the renewed growth of fresh STD infections. Therefore, he concluded, the one-day outpatient treatment with Penicillin was insufficient.⁴¹⁹ At the conference of district venereologists in 1951, Hörig's views were shared by others, such as a doctor who proudly remarked that no ‘promiscuity’ occurred in his area, and no forceful measures were necessary. His patients “beware of acquiring another STD” due to the differentiated application of treatment. Patients, whom this doctor suspected to be ‘promiscuous’, did not receive Penicillin, but the old, more dangerous, painful, and prolonged treatment with (Neo-)Salvarsan, as well as Bismuth and Mercury preparations: a deterrent lesson with an out-dated medical treatment.⁴²⁰ This ethically questionable and ultimately arbitrary application—using a medical treatment as punishment or deterrent for assumed ‘promiscuous behaviour’—was, however, widespread in the GDR, even if challenged at the state level.⁴²¹ As a result, patients with STDs had entirely different medical experiences with the healthcare system than people with the flu in the postwar era. Especially, where medical memories of previous systems prevailed, patients potentially faced far-reaching interventions into their rights, as well as harmful treatments, despite the fact that a simplified therapy was readily available and commonly used. The rumours of these procedures resulted in people's reluctance and

⁴¹⁸ ‘Die augenblickliche Situation im Kampf gegen die Geschlechtskrankheiten — Grundsatzfragen in der Bekämpfung der Geschlechtskrankheiten. Gehalten vor den Kreisärzten des Bezirkes Dresden am 22. X. 1953 von Dr. Hörig, Bezirksvenereologe, Dresden’: BArch, DQ 1/4436, unpaginated.

⁴¹⁹ Ibid.

⁴²⁰ ‘Meldungen aus Sachsen-Anhalt, 20. September 1951’: BArch, DQ 1/4672, unpaginated.

⁴²¹ ‘Betr.: Eintägige Gonorrhoe-Behandlung mit Penicillin, 27. Januar 1950’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 1, Bl. 148; ‘Antrag des Ministeriums für Gesundheitswesen des Landes Sachsen vom 2. April 1951, 18. Mai 1951’: BArch, DQ 1/2209, Bl. 53.

criticism of not only the therapy's arbitrariness in particular, but also the obligation to hospitalise in general.

The questionable treatment, however, was also based on the blurry categories of the East German state for identifying the 'promiscuous'. The category of prostitutes, for example, was the main target for curbing STDs—an approach common throughout Europe in the nineteenth and twentieth centuries.⁴²² As Klesse recognised in his report from 1946, in the past “the regulations targeted only the [female] seller but not the customer of sexual pleasure, which partly resulted in corruption and acts of caprice”.⁴²³ However, the proclaimed shift to 'de-gender' the medical concept of STDs—even if engraved into policies—hardly occurred either locally or nationally. The issue was that, on the one side, the people in charge of policing suspected STD cases in the local area were often the same as before 1945.⁴²⁴ On the other hand, many state authorities also maintained the mentality and narrative that women were the main source of infection—thereby preventing a fundamental change in this regard.⁴²⁵ Facing the remnants of previous systems in the form of medical and social treatment, real and suspected prostitutes often escaped to an unknown residence, hid from health authorities, or fled to the West.⁴²⁶ The latter,

⁴²² For example, one prostitute in Germany, which Victoria Harris describes, was able to pursue her 'business' for 33 years, despite any political changes. Victoria Harris, *Selling Sex in the Reich: Prostitutes in German Society, 1914–1945* (Oxford: Oxford University Press, 2010), pp. 187–88; For further information, see Weindling, *Health, Race, and German Politics*, pp. 176–84, 357–59.

⁴²³ 'Max Klesse, Über die Beurteilung der Geschlechtskrankheiten und die Maßnahmen zur ihrer Bekämpfung, 26. August 1946': BArch, DQ 1/1610, unpaginated.

⁴²⁴ Harris, *Selling Sex in the Reich*, pp. 186–89. For a broader analysis of the continuity of medical personnel, see Chapter 2.

⁴²⁵ Foitzik shows that the language used and the categories established regarding women and female prostitutes as the main target were the same in Hamburg as in the SBZ or GDR. Foitzik, “‘Sittlich verwarlost’”, pp. 68–71, 80–81. Additionally, Harsch shows for Tbc that medical concepts, perceptions, and the use of language continued from Imperial Germany well into the GDR. Harsch, 'Medicalized Social Hygiene?', p. 413.

⁴²⁶ 'Jahresbericht 1947 der Zentralstelle zur Bekämpfung der Geschlechtskrankheiten, 9. Januar 1948': StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 9.

however, did not change their situation, as the policies against prostitution were as restrictive in West Germany as in the East.⁴²⁷

Another category of people, which East German officials saw as much as a threat for spreading STDs as prostitutes, was the so-called person with *häufig wechselnden Geschlechtsverkehr/ -partner* [frequent promiscuous behaviour – hwG]—a term that was already in use in the Third Reich and was common in West Germany as well.⁴²⁸ As authorities established not only a list of (suspected) prostitutes, but also of (suspected) hwG people, their medical experiences with the healthcare system were similar—especially regarding the restriction of personal rights and liberties. However, during the postwar period, no clear, SBZ-wide definition of this category existed, which led to highly diverse and arbitrary interpretations, but also false denunciations, and ultimately variegated the medical experiences of patients in different parts of East Germany.⁴²⁹

The SMAD Secret Command 0194 from 1946 required that a so-called *Aktivausschuss* [Committee of Action] had to be established in every district to manage the hwG list. This committee was composed of members from the SED, bloc-parties, FDGB, FDJ, medical and teaching professions, as well as other state and political authorities, and thus was intended to be a cross-section of the socialist society—similar to the denazification committees in every district.⁴³⁰ In their monthly conventions, the *Aktivausschuss* determined, which person had to be included or released from the list—a decision that decided whether or not someone would be under medical and social surveillance. New ‘entries’

⁴²⁷ Evans, *Life Among the Ruins*, p. 66.

⁴²⁸ ‘Einrichtung eines Sonderdienstes zur Erfassung von Unzüchtlerinnen, 14. Dezember 1938’: StA Dresden, Wohlfahrtspolizeiamt, 2.3.27, Nr. 31, Bl. 54; Timm, ‘Sex with a Purpose’, pp. 242–43; For West Germany, see Foitzik, “‘Sittlich verwahrlost’”.

⁴²⁹ For another exploration of the ambiguous category hwG and its history, see Timm, ‘Sex with a Purpose’, pp. 242–43.

⁴³⁰ ‘Bericht über die Tagung der Bezirksbeauftragten in der Landesverwaltung, Tiergartenstr., 1. Juni 1946’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 84, Bl. 2–3; ‘Landes- u. Kreis-Aktionsausschüsse zur Bekämpfung der Geschlechtskrankheiten, 7. Mai 1949’: BArch, DQ 1/4672, unpaginated.

were informed that they had to appear in the *Ambulatorium* for a weekly medical check-up from this date onwards. In cases in which the people did not follow this instruction, they were picked up by the police and forcibly brought to the health clinic. Secondly, if the STD test was positive, they immediately faced institutionalisation because they were deemed to be ‘lingering’, ‘idle’, and ‘asocial elements’.⁴³¹

The protocol of a meeting of the *Aktivausschuss* in a small town near Dresden in summer 1948 reveals that these committees possessed a far-reaching authority over suspected ‘promiscuously behaving’ people. In this session, all hwG individuals of this area were discussed, and it was decided who can be released from the list. However, committee members suggested new cases as well: two women “who supposedly perform[ed] a very striking change of their moral conduct” and whom “the criminal police [were] instructed to observe inconspicuously [...] for four weeks and report more details at the next meeting”.⁴³² Furthermore, they discussed a single case of a ‘promiscuous’ woman, who was punished with blocking her ration card due to her refusal to work, and complained about her disappearance.⁴³³ Considering the meeting’s procedure, this committee represented a fulfilment of social hygienic aspirations. It did not only have authority over police actions and decided who had to be put under medical and social control, but also cooperated with the *Ambulatorien*, social, welfare, and judicial offices. In the case of a person disobeying their orders, these committees invaded every part of a person’s life in the name of ‘protecting society from the individual’. Consequently, the delegates decided over the fate of patients within the healthcare system—and with this, they defined their medical experiences.

⁴³¹ ‘Btr.: HwG-Listen, 30. Dezember 1947’: BArch, DQ 1/128, Bl. 336. See Chapter 5.

⁴³² ‘Protokoll. Zusammenkunft des Activ-Ausschusses am 8.7.1948. Beginn: 14 Uhr Ende: 16 Uhr’: BArch, DQ 1/128, Bl. 287.

⁴³³ Ibid.

Not least, with the established authority of the *Aktivausschuss*, a ‘denunciation system’ was created. Its arbitrariness and often personally motivated ‘blackmailing’ of people went so far that East German authorities realised in 1948 that these committees had escalated out of control: they admitted that, in many cases, “the term ‘hwG-person’ [was] probably assigned due to a too premature judgment”.⁴³⁴ To avoid these issues in the future, they sought to introduce guidelines, targeting “only the actual hwG-behaving people in the sense of clandestine prostitution”—meaning unregistered and ‘part-time’ prostitutes.⁴³⁵ The situation report of Saxony from 1949, however, revealed the failure of the state intervention, not least, as the categories hwG person, ‘clandestine prostitute’, and ‘real prostitute’ overlapped and were insufficient in their definition. In this document, authorities spoke of 5,000 registered hwG-people in Saxony, 1000 of which had been infected twice or more with an STD. This large number of people, who were caught in the medical and social monitoring systems of Saxony, made even the recipient, a state official, comment in disbelief: “?? Is this number correct? [sic]”⁴³⁶ In comparison, in January 1947 the Saxon health authorities reported to the SMAD a number of 124 prostitutes and 3123 hwG people, composed of 153 men and 2,970 women.⁴³⁷ A similar distribution can be found in succeeding reports, which proves that a decrease of denounced hwG individuals after the state intervention did not occur. Furthermore, while considering the surplus of the female population after the war,⁴³⁸ this distorted distribution exposes the

⁴³⁴ ‘Jahresbericht 1947 der Zentralstelle zur Bekämpfung der Geschlechtskrankheiten, 9. Januar 1948’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 74; ‘Rundschreiben Nr. 17, 13. November 1947’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 84, Bl. 70.

⁴³⁵ ‘Jahresbericht 1947 der Zentralstelle zur Bekämpfung der Geschlechtskrankheiten, 9. Januar 1948’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 74; ‘Auszug aus der Anordnung der Landesregierung —Gesundheitswesen— vom 16.12.46, 19. Dezember 1946’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 84, Bl. 16.

⁴³⁶ ‘Bericht über die Dienstreise nach Dresden am 18.–20.1.49. Zusammenfassender Bericht über die Besichtigung, 24. Januar 1949’: BArch, DQ 1/128, Bl. 33.

⁴³⁷ ‘Betr. Geschlechtskrankheiten. Erläuterungsbericht Monat Januar 1947, 6. Februar 1947’: BArch, DQ 1/128, Bl. 401.

⁴³⁸ Foitzik also identifies that the perception of health officials was biased due to the distorted demography after the war, which meant also a potential higher rate of STDs among the female population. Foitzik, “Sittlich verwahrlost”, pp. 71–72.

biased implementation of the strict rules for curbing STDs, especially as most targeted men were the similar publicly targeted gays and so-called *Stricher* [rent-boys], rather than heterosexual males.⁴³⁹

These prolonged debates⁴⁴⁰ about terminology and subsequent punishments for people identified as ‘promiscuous’ expose the resistance of mentalities to shifts towards an equal understanding of sexual partners. Their equal share of fault in the case of an infection, and a ‘de-gendering’ of STDs as a medical concept did not occur—a continuity of medical memories of the past, and the subsequent medical experiences of patients in their present. Despite policies targeting both genders since 1946,⁴⁴¹ in reality, mainly the female participant of sexual acts faced—if infected with an STD and viewed as potentially ‘promiscuous’—hospitalisation and eventual institutionalisation, even during the 1950s.⁴⁴² Furthermore, blurred terminology supported a system of denunciation within society—as the category of being ‘promiscuous’ often depended on someone’s social status, reputation among the community, party affiliation, and especially gossip—which was created with the intention to enhance preventative efforts, especially in the rural, but also in the urban areas. As far as the archival files reveal, most of the stigmatised women belonged to the lower classes, those without regular income, who were often homeless,

⁴³⁹ Evans, *Life Among the Ruins*, pp. 130–40. For a contemporary overview about the situation and legal status of gays in postwar East Germany, see Rudolf Klimmer, *Die Homosexualität als biologisch-soziologische Zeitfrage* (Hamburg: Kriminalistik, 1965).

⁴⁴⁰ Debates continued far into the 1950s. For example, see ‘Vermerk, 21. März 1957’: BArch, DP 1/1417, Bl. 126; ‘Betr.: Neuregelung der Verordnung zur Bekämpfung der Geschlechtskrankheiten, 8. (22.) März 1957’: BArch, DP 1/1417, Bl. 124.

⁴⁴¹ Linser demanded in his report in 1946 that both genders should be targeted by health policies. ‘Jahresbericht über die Arbeit der Landeszentrale zur Bekämpfung der Geschlechtskrankheiten 1946’: BArch, DQ 1/292, unpaginated.

⁴⁴² However, it is important to note that West Germany and especially, as Foitzik shows, Hamburg used the same categories and public health methods. Foitzik, “‘Sittlich verwahrlost’”, pp. 75–76, 79. The GDR, however, maintained some of their protectories throughout the 1950s and beyond. ‘Die augenblickliche Situation im Kampf gegen die Geschlechtskrankheiten — Grundsatzfragen in der Bekämpfung der Geschlechtskrankheiten. Gehalten vor den Kreisärzten des Bezirkes Dresden am 22. X. 1953 von Dr. Hörig, Bezirksvenereologe, Dresden’: BArch, DQ 1/4436, unpaginated. For a recent study of the locked venereology wards in the GDR in the 1970s and beyond, see Florian Steger and Maximilian Schochow, *Traumatisierung durch politisierte Medizin: Geschlossene Venerologische Stationen in der DDR* (Berlin: MWV, 2015).

and without any close relatives. Therefore, the SMAD and the East German officials sought to police these women by night to curb not only STDs, but also ‘social deviance’.

In the SBZ and WBZ of Germany, authorities relied on the execution of raids in the nightlife of their cities to support efforts to find sources of infections. Initially introduced by the occupation powers in both zones, West German authorities halted this measure in June 1947.⁴⁴³ By contrast, East Germany continued raids far into the 1950s, but their efficiency and their outcomes caused concerns among SBZ health officials as early as 1945. In Dresden, for example, they made 66 raids in the year 1947, during which an overall number of 1,844 individuals were brought to an *Ambulatorium* for medical examination. However, only 1.3 per cent of these people were infected with an STD.⁴⁴⁴ Therefore, the continuous use of raids represents an example of persistent mentalities towards women, a problematic legacy of Nazi Germany, as well as enforced social hygienic concepts in a patronising socialist state.

In general, the purpose of raids was to find ‘promiscuous’ people, carriers of STDs, and patients who eluded treatment, and thus they had to be carried out regularly in ‘disreputable establishments’ by health workers with help from police forces at night.⁴⁴⁵ However, the disproportion between the efforts, the cost of resources, and the actual outcome was quickly realised and criticised by state health officials.⁴⁴⁶ As Foitzik has shown for Hamburg, West German health authorities also condemned random raids by the British

⁴⁴³ Foitzik, “‘Sittlich verwahrlost’”, pp. 73–74; Evans, *Life Among the Ruins*, p. 79.

⁴⁴⁴ ‘Jahresbericht 1947 der Zentralstelle zur Bekämpfung der Geschlechtskrankheiten, 9. Januar 1948’: StA Dresden, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 13. The Venereologist Ludwig in Dresden, who participated in raids, criticised this form of policing. ‘Kreisbeauftragter Dr. Ludwig an Bezirksbeauftragten Dr. Reuter, 23. Februar 1948’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 84, Bl. 104.

⁴⁴⁵ ‘Betr.: Massnahmen zur Abstellung noch bestehender Mängel in der Durchführung des Befehls Nr. 030, 22. Juli 1946’: BArch, DQ 1/139, Bl. 184.

⁴⁴⁶ ‘Entwurf: Zuständigkeit und Aufgabengebiet der Kriminalpolizei bei dem Delikt: Geschlechtskrankheitenverbreitung, 18. August 1947’. BArch, DQ 1/1010, unpaginated.

military police; however, it was not the degrading nature of raids, but their lack of efficiency, which was criticised.⁴⁴⁷ This ignorance of popular opinion was not valid for East Germany; however, they undertook raids for a longer period than the West.

In the Saxon mining town Aue, citizens complained to a national newspaper about the raids carried out during January 1948. According to the letter, officials not only “made large-scale raids in all establishments, even in the most reputable ones” but also “forced all attending guests to have a medical examination in an *Ambulatorium*”.⁴⁴⁸ The newspaper informed the DZVGW, which in turn criticised the Saxon and local health officials in Aue. In their letter to Saxony, they emphasised that “haphazardly implemented major raids only [led] to the irritation of the population and thereby [had] rather disadvantageous effects on curbing STDs”.⁴⁴⁹ Already during the year 1947 and even more in 1948, state officials initiated a shift towards smaller, targeted raids, after they had realised the minimal outcome of STD cases, as well as the disturbance of greater parts of the population. East German officials, in particular, were wary to avoid people’s perception that they were put under ‘general suspicion’.⁴⁵⁰

Despite its reputation, raids were still viewed as essential for curbing STDs. If the success rate was minimal, state officials—while recognising the overall decrease of STD cases—blamed local health authorities and the police for preparing the raids insufficiently, rather than acknowledged the issues inherent in this procedure.⁴⁵¹ The raids and nightly surveillance by police and health officials, however, represented a remnant of Third Reich

⁴⁴⁷ Foitzik, “Sittlich verwahrlost”, pp. 73–74.

⁴⁴⁸ ‘Aktenermerk, 14. Februar 1948’: BArch, DQ 1/128, Bl. 320. Evans also refers to newspaper articles, in which Berliner women complained about the arbitrariness and forceful character of the raids. Evans, *Life Among the Ruins*, p. 78.

⁴⁴⁹ ‘z.Hd. des Landesvenereologen Herrn Dr. Bettermann, 12. Februar 1948’: BArch, DQ 1/128, Bl. 318.

⁴⁵⁰ ‘Razzien auf Geschlechtskranke, 9. März 1949’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 1, Bl. 137.

⁴⁵¹ ‘DZVfGW and Landesregierung Sachsen, 7. November 1947’: BArch, DQ 1/1010, unpaginated; ‘Razzien auf Geschlechtskranke, 9. März 1949’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 1, Bl. 137. ‘Entwurf: Zuständigkeit und Aufgabengebiet der Kriminalpolizei bei dem Delikt: Geschlechtskrankheitenverbreitung, 18. August 1947’. BArch, DQ 1/1010, unpaginated.

policies. In Dresden in 1938, authorities established a special undercover force to observe and register hwG women in bars at night.⁴⁵² This legacy, however, did not prevent local officials from continuously using raids during the 1950s, albeit in a decreased number. The following examples from Bitterfeld and Leipzig reveal the connection between the forceful character, the legacy of the Third Reich, as well as the mentality of the people involved and targeted by these raids.

A report from Leipzig regarding the raids during the spring fair in 1955 stated that “[i]n *Schmidt’s Bierstuben*, the audience was of such kind that almost all women should have been taken to a medical examination”.⁴⁵³ The bias inherent in this report was most evident in its claim that in Leipzig’s bars “many women [...] obviously want[ed] to attract men through tempting dances”.⁴⁵⁴ Therefore, they targeted not only the suspected ‘promiscuous’ cases known to the *Ambulatorien* health workers, but also women in general, quickly identifying them as hwG individuals. Despite the fact that most of the *Fürsorgerinnen* [health workers] and the city venereologist in Leipzig who wrote this report were female, the denunciation of, and the prejudices towards, women attending bars and dance halls reveals that they had no empathy for other women’s desires—instead they often came to a much harsher judgement than men.⁴⁵⁵ However, as shown above, the general mentality towards women in the form of prevalent medical memories was in line with the views of the female health workers—‘the woman was the problem’, and thus, Leipzig’s venereologist concluded, the raids needed to be intensified.⁴⁵⁶

⁴⁵² ‘Einrichtung eines Sonderdienstes zur Erfassung von Unzüchtlerinnen, 14. Dezember 1938’: StA Dresden, Wohlfahrtspolizeiamt, 2.3.27, Nr. 31, Bl. 54.

⁴⁵³ ‘Bericht über die vor, während und nach der Frühjahrsmesse durchgeführten Massnahmen, 13. April 1955’: StA Lpz, Stadtverwaltung und Rat, Nr. 7341, Bl. 177.

⁴⁵⁴ Ibid.

⁴⁵⁵ Hall also identifies for the UK that female police was stricter in sexual matters towards other women than male police. Hall, *Sex, Gender and Social Change*, p. 94. As a comparison, Betts shows that mostly women denounced others and submitted petitions to the local and state authorities in the GDR. Betts, *Within Walls*, pp. 15, 162–72.

⁴⁵⁶ ‘Bericht über die vor, während und nach der Frühjahrsmesse durchgeführten Massnahmen, 13. April 1955’: StA Lpz, Stadtverwaltung und Rat, Nr. 7341, Bl. 177.

Nonetheless, according to the report from Bitterfeld in 1951, the people targeted by these raids and denunciation system reacted in a challenging way for the young GDR state. The presence of the *Volkspolizei* [People's Police – VP], youth, and health workers in a beer garden resulted in verbal altercations and later physical violence. Attending adolescents refused to present their personal ID cards, which was seen by the police as 'impudent' behaviour; after they had used force, the situation escalated into a brawl, resulting in a couple of arrests. In a different pub on the same day, guests refused the inspection and a renewed wave of accusations against the police and health officials led to a dispute. In the end, people who attended this pub punctured a tyre of the car belonging to a health worker, who, after experiencing this treatment, refused any further participation in future raids.⁴⁵⁷ This example demonstrates that people began to reject being under the scrutiny of a paternalistic state in the 1950s: they targeted, blamed, and even attacked local officials, who were the representatives of the new socialist system. These conditions reflect the general conflict situation on the eve of the popular uprising in June 1953 in the GDR.⁴⁵⁸ Another report from Leipzig about the autumn fair in 1955 also documented that "[o]ur measures were called undemocratic and unsuitable for our state today".⁴⁵⁹ People realised the problematic connection of these raids with similar procedures during the Third Reich, tackling the widely pronounced 'democratic' character of the new socialist state. This represented a dangerous opinion for the GDR, as it undermined both the state narrative that described raids against 'asocial elements' as a necessity for the new order, and thus the legitimization strategy of East Germany to gain popular support in the long-term.

⁴⁵⁷ 'Bekämpfung der Geschlechtskrankheiten, Septemberberichtsauszug vom Lande Sachsen-Anhalt, 9. November 1951': BArch, DQ 1/4672, unpaginated.

⁴⁵⁸ For an overview of the events and developments that led to the uprising of the people against the GDR state in 1953, see Kowalczyk, 1953.

⁴⁵⁹ 'Bericht über die vor, während und nach der Herbstmesse durchgeführten Massnahmen, 25. Oktober 1955': StA Lpz, Stadtverwaltung und Rat, Nr. 7341, Bl. 182.

This section has examined STD sufferers' experience of medical memories in the form of hospitalising and policing sources of infection, as well as its impact on the individual and on the perception of the medical profession and the state. Inherent to both measures was the social hygienic concept for curbing STDs through restricting the freedom of the affected people. The consequence was the establishment of a 'denunciation system', in which stigmatisation and false accusations led to actual implications for the targeted person. The 'Committee of Action' decided that the individual should be put under surveillance by police forces and if the suspected *Leumund* [reputation] of this person proved to be 'true', forceful measures were imposed upon her. Being registered with the health offices was accompanied with a stigma and could result in having an impact on someone's private and work life. The belief that mainly women could be defined as 'promiscuous' or a hwG person was, however, found across all social and institutional ranks. Females accused other females, neighbours accused neighbours,⁴⁶⁰ men accused women, and state officials accused local officials, and so forth—a system of denunciation was created. According to Betts, this was a remnant of former political systems, especially the Third Reich, which used this form of local social control to enforce political conformity and stability at the local level.⁴⁶¹ However, people started to refuse the openly patronising, monitoring, and intruding measures of the new socialist state during the 1950s—in a phase of political instability for the GDR and the imminent intensification of secret surveillance by the MfS. The atmosphere also challenged the state narrative, which legitimised the enforced public health measures. Therefore, officials stressed the

⁴⁶⁰ In 1946, the Saxon State Decree 121 regarding STDs determined that for every residential district a supervisor for the *Aktivausschuss* had to be appointed, which informed the committee about the people in the neighbourhood—a tool for medical and social control. 'Betr.: Bekämpfung der Geschlechtskrankheiten': BArch, DQ 1/128, Bl. 500; 'Bericht über die Tagung der Bezirksbeauftragten in der Landesverwaltung, Tiergartenstr., 1. Juni 1946': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 84, Bl. 2–3.

⁴⁶¹ Betts, *Within Walls*, pp. 42–50. According to the recent study of Frank McDonough, 26 per cent of all Gestapo cases could be traced back to public and neighbour denunciations. McDonough, *The Gestapo*, chap. 5.

importance of people's education by exhibitions and health campaigns, which simultaneously should reduce the need to hospitalise and police East Germany's citizens.

3.4 Conclusion: Sexual Education and Stigmatisation in East Germany

*Idleness, long sleeps, in order to pursue promiscuity at night. And the awakening was bitter: severe illness and now in a fast-tracked procedure in front of the court.*⁴⁶²

Die Tagespost, *The Court in the Hospital*, 1946

This chapter has discussed intrusive state and public health measures that stigmatised and educated the individual. With this dualism, the East German authorities, firstly, sought ‘specific preventive effects’ that deterred the individual from ‘socially deviant behaviour’. Secondly, they also heavily relied on the ‘general preventive effect’, accomplished with public educational campaigns, which targeted ‘promiscuity’, as a prophylactic measure for the general population. In the newspaper quotation above, the two concepts—stigmatisation and education—were used as a tool to support the efforts of curbing STDs. Health officials, not limited to East Germany, viewed ‘idleness’ and ‘promiscuity’ as mutually dependent. The ‘promiscuous’ individual was seen as a public health hazard. ‘Socially deviant behaviour’ supposedly caused STDs and negligent sexual conduct, which was punishable by law. However, due to the intrusive nature of the measures, discussed in the last section, the opinion and rumours among the population were monitored and used to assess the popularity of East German health policies. To gain the support of the masses, officials stressed the importance of educational campaigns to all strata of society. In retrospect, Hörig concluded in 1953 that “raising the general standard of living, eliminating the reluctance to work and unemployment, as well as the awareness campaign for

⁴⁶² “Nichtstun, lange schlafen, um abends der Unzucht nachzugehen. Und das Erwachen war bitter: Schwere Erkrankung und im Schnellverfahren jetzt vor Gericht”. ‘Zeitungsausschnitt aus Die Tagespost, Nr. 56 vom 13.9.1946: Das Gericht im Krankenhaus’: BArch, DQ 1/347, Bl. 3.

broad segments of the population” were the reasons for the swift decrease of STDs.⁴⁶³ The combination of education, propaganda, and re-socialising people through work was the main strategy, whereas, according to Foitzik, West Germany concentrated its efforts solely on re-socialisation until the end of the 1940s.⁴⁶⁴

Therefore, the SBZ, and later the GDR, formed a whole educational system, which was placed around health institutions like *Ambulatorien* and their forceful measures. The final part of this chapter concludes the features—education and stigmatisation—of the previous sections by analysing three different forms of sexual health education. These public engagements were not only supposed to have a ‘general preventive effect’, but also encourage ‘healthy’ marriages and the upbringing of the new generation. For this hypothesis, this section assesses show trials, as well as exhibitions, posters, and the availability of prophylactics. The analysis illustrates how medical memories, in the form of mentalities and medical concepts, were reflected in educational campaigns and thus featured women as the main target similar to all policies previously discussed. Nevertheless, health officials used the tool of educating and stigmatising not only for creating fear, deterrence, and moral judgments regarding STD sufferers among the population, but also for increasing prevention, knowledge, and raising awareness. Therefore, revisiting Moser and Harsch’s concept of ‘medicalised social hygiene’, this thesis suggests a mix of both fear and (medical) knowledge as an important feature of exhibitions and show trials alike. Both have their roots in previous political systems and especially in the policies of the *Deutsche Gesellschaft zur Bekämpfung der Geschlechtskrankheiten* [German Association for Combating STDs] under the auspices of Alfred Blaschko.

⁴⁶³ ‘Die augenblickliche Situation im Kampf gegen die Geschlechtskrankheiten—Grundsatzfragen in der Bekämpfung der Geschlechtskrankheiten. Gehalten vor den Kreisärzten des Bezirkes Dresden am 22. X. 1953 von Dr. Hörig, Bezirksvenereologe, Dresden’: BArch, DQ 1/4436, unpaginated.

⁴⁶⁴ Foitzik, “‘Sittlich verwahrlost’”, pp. 80–81.

“Female Berliners who are travelling into the province constitute a great danger [to the province]. How to intercept these women must be thoroughly thought through [emphasis as in the original, M.W.]”, remarked DZVGW’s President Konitzer in 1946.⁴⁶⁵ As a result, East German officials looked for other educational measures to prevent ‘promiscuity’ that had a wider reach into greater parts of the population. Therefore, the first staged show trials against criminal STD sufferers were held in 1946. Despite the shift towards care and monitoring of STDs, as Petra Ellenbrand claims for the Weimar Republic, the deliberate creation of a ‘climate of fear’ regarding STDs, known from preceding decades, still played a major role in the overall sexual health strategies in East Germany.⁴⁶⁶ Therefore, these trials had the purpose of preventing people from becoming ‘promiscuous’ and thus were part of the education and stigmatisation efforts of health officials.

One of the first show trials against prostitutes, who violated the laws against commercial prostitution and STDs, was held in Potsdam in October 1946. The subsequent report stated about the accused that, “[f]or the most part, these eight women [19- to 35-years-old] were asocial elements, who evaded a real constructive activity, *Brot verdienen* [earning their living] easier in this way”.⁴⁶⁷ However, the show trial was not only supposed to shame the individual, but also deter others and as such it was held in the ward for female STD patients. Present at this trial were the inmates, representatives from political parties, the Women’s Commission, and the press. Even as the punishments were severe—from four weeks to one-year incarceration followed by confinement to a workhouse—it

⁴⁶⁵ ‘Erweiterte Vorstandssitzung vom 4. Juni 1946’: BArch, DQ 1/139, Bl. 131.

⁴⁶⁶ Petra Ellenbrand, *Die Volksbewegung und Volksaufklärung gegen Geschlechtskrankheiten in Kaiserreich und Weimarer Republik* (Marburg: Görlich & Weiershäuser, 1999), pp. 216, 219.

⁴⁶⁷ ‘Bericht über den am 12.9.46 in der Beethoven-Schule in Babelsberg stattgefundenen Schauprozess über die Aburteilung von 8 Frauen wegen Vergehens gegen den § 5 der Verordnung gegen die Geschlechtskrankheiten und gewerbliche Unzucht, 13. September 1946’: BArch, DP 1/347, Bl. 1.

missed the overall purpose. According to the report, it did not make a big enough impression on the inmates.⁴⁶⁸ The newspaper article continued more euphemistically and described the purpose not as being a deterrent, but as a “warning against renewed levity”: “[n]ot idleness and improvidence, but from now on work should be the watchword for these young people, once they were discharged as cured”.⁴⁶⁹ The last remark pointed not only towards the medical, but also the social cure. Re-education in a workhouse and the creation of a ‘valuable member of society’ was the underlining connotation of this article—a fact, which is an important part of the final chapter’s analysis of Dresden’s Care Home. The state intrusion in the case of the accused women in the Potsdam show trial went so far that all were banned from receiving ration cards—which was, as noted, a typical measure imposed upon people defined as ‘promiscuous’ and ‘idle’. This deprivation would force them to find different ways of obtaining food, and ultimately led to more concealed prostitution, which contradicted the intention of health officials, who hoped to force the ‘promiscuous’ to find ‘real’ jobs.⁴⁷⁰

Nevertheless, the questionable nature of these trials, which encouraged stigmatisation and a ‘climate of fear’, caused some opposition among contemporaries. The show trial as a ‘threat to public morals’ and ‘danger of unwarranted exposure’ were the main concerns of the critics. However, in December 1946 Brandenburg’s Administration of Justice rejected this opposition as “prudery foreign to our time” and disproportionate to the far greater danger of spreading STDs.⁴⁷¹ Moreover, show trials, in their opinion, avoided unnecessary and unjustified exposure through a careful selection of “especially

⁴⁶⁸ ‘Bericht über den am 12.9.46 in der Beethoven-Schule in Babelsberg stattgefundenen Schauprozess über die Aburteilung von 8 Frauen wegen Vergehens gegen den § 5 der Verordnung gegen die Geschlechtskrankheiten und gewerbliche Unzucht, 13. September 1946’: BArch, DP 1/347, Bl. 1.

⁴⁶⁹ ‘Zeitungsausschnitt aus “Die Tagespost”, Nr. 56 vom 13.9.1946. *Das Gericht im Krankenhaus*’: BArch, DP 1/347, Bl. 3.

⁴⁷⁰ Ibid.

⁴⁷¹ ‘Rundverfügung Nr. 333/VI, 12. Dezember 1946’: BArch, DP 1/347, Bl. 13.

typical cases”.⁴⁷² They recommended that show trials should be converted to a court of lay assessors, composed of “appropriate women” in the event of a female defendant.⁴⁷³ This shift towards female judges in female cases was widespread.⁴⁷⁴ In their view, female assessors had a better understanding and empathy for the female defendants and thus prejudices avoided. However, as shown in the example of the female health workers involved in raids in the previous section, the mentality and astringency of females towards other females was not less, but often much higher than those of male counterparts.

Despite these problems and the public exposure of adolescents to public judgment, show trials had a positive reputation among the medical profession, the women’s committee, and the population in general.⁴⁷⁵ However by 1949, East German officials were urging against the use of the word ‘show trial’ and replace this with a ‘non-sensational’ term: *Prozess mit erweiterter Öffentlichkeit* [Process with extended publicity]. In this directive with the title ‘Democratising Justice’ of Saxony’s Minister of Justice, they stressed the importance of preparation to accomplish the intended educational effect and to refrain from regular trials to avert the decline of public interest. Furthermore, it should be aimed at a proletarian audience, and thus the judge was required to expose “the action of the defendant in the big political and economic context”.⁴⁷⁶ He had to make sure that everyone in the audience could follow the procedure, and explain, if necessary, any details and terms that required clarification. In addition to this, he had to intervene if the audience applauded or began any “demonstrations of disapproval”.⁴⁷⁷ Even if state officials obscured the fact, these public trials remained regular show trials. Apart from the re-naming,

⁴⁷² Ibid.

⁴⁷³ ‘Rundverfügung Nr. 333/VI, 12. Dezember 1946’: BArch, DP 1/347, Bl. 14.

⁴⁷⁴ ‘Zeitungsausschnitt aus “Die Tagespost”, Nr. 66 vom 19. März 1947. *Schauprozesse im neuen Licht*: BArch, DP 1/347, Bl. 17.

⁴⁷⁵ ‘Schauprozesse, 8. April 1947’: BArch, DP 1/347, Bl. 18–19.

⁴⁷⁶ ‘Rundverfügung Nr. 821. Betr.: Demokratisierung der Justiz. Prozesse mit erweiterter Öffentlichkeit, 16. Februar 1949’: BArch, DP 1/347, Bl. 37.

⁴⁷⁷ Ibid.

no change occurred. Just like in show trials, the case was real, but everything else was staged, and everyone was instructed. It was a hidden continuity of the past under a new name. The bias of this process was exposed through the following requirement of the Ministry of Justice:

It also shall be duly indicated to the defenders that they cannot exploit the right of the defence to procedural delays or even discredit our new political and economic order under any circumstances, but that they, on the other hand, are in no way restricted to perform their duties entrusted by law and have the protection of the court.⁴⁷⁸

This statement signalled to the defence that this trial was not a usual court case. It not only restricted the rights of the criminal defence so as to allow the trial to proceed smoothly, but also to function as a deterrent. Contrary to the statement, this trial curtailed the defendant's legal rights. As a result, these show trials are an example of how the state narrative consciously enforced stigmatisation of the individual to educate the wider public. The procedure ousted the 'promiscuous' from society and thus legitimised the intrusive public health measures, their medical and social treatment, in East Germany.

The preceding discussion showed how medical memories of the state, health officials, and doctors shaped the medical experiences of the STD patient, especially if identified as 'promiscuous'. However, the analysis would be incomplete without highlighting the diversity of medical experiences. The following excerpt of a letter from 1952 illustrates that state intervention in sexual health did not always have negative consequences for the infected individual. After the wife of a party member in Saxony had tested positive for syphilis, she suffered a mental breakdown and the disintegration of her relationship. In

⁴⁷⁸ "Desgleichen ist den Verteidigern beizeiten zu bedeuten, dass sie auf keinen Fall das Recht der Verteidigung zur Verschleppung des Verfahrens oder gar zur Diskreditierung unserer neuen politischen oder wirtschaftlichen Ordnung missbrauchen dürfen, dass sie aber andererseits auch in Wahrnehmung ihrer ihnen durch das Gesetz übertragenen Aufgaben in keiner Weise beschränkt sind und den Schutz des Gerichtes besitzen." 'Rundverfügung Nr. 821. Betr.: Demokratisierung der Justiz. Prozesse mit erweiterter Öffentlichkeit, 16. Februar 1949': BArch, DP 1/347, Bl. 37.

this case, however, a member of the Ministry of Health intervened and wrote the following:

After consulting your husband, I want to talk to you seriously now. In your recruitment examination, latent syphilis was found. You rack your brain now, to figure out the source of infection. Now, put yourself into the perspective of a different disease, let's assume scarlet fever, measles, or any other contagious disease. You simply take them as illnesses. STDs are just diseases as any other as well, and you can get infected in a variety of ways. On the go, you are drinking out of a beer glass, which previously was used by a sick person and afterwards not cleaned properly, or a wound through which the bacillus enters. It is not said at all that you only can get sick by having sexual intercourse. —In your case, the infection occurred years ago now, and the treatment is a bit longer than in the event of a recent infection. However, you are young and certainly interested in getting healthy again. Therefore, I advise you, undergo all necessary cures, have courage towards life, and the sooner you will recover. It is certainly unpleasant to go to a doctor for such an extended period, but better to go to a doctor today and get healthy, than to languish in later years.⁴⁷⁹

Although it is a singular case, this letter sheds another light on how people with STDs were treated. Archival sources mostly focus on the issues, exceptions, and problematic developments, and only partially give a glimpse into everyday lives. The letter, however, illustrates two important aspects of the general treatment of STD sufferers. Firstly, the medical understanding about ways of acquiring a syphilis infection differed to today's

⁴⁷⁹ “Nach Rücksprache mit Ihrem Manne will ich mich nun einmal ernstlich mit Ihnen unterhalten. Bei einer Einstellungsuntersuchung wurde bei Ihnen eine Syphilis latens festgestellt. Sie zergrübeln sich nun Ihren Kopf, um die Infektionsquelle festzustellen. Nun gehen Sie einmal von dem Standpunkt einer anderen Erkrankung aus, nehmen wir einmal Scharlach, Masern oder eine andere ansteckende Krankheit an. Diese nehmen Sie einfach als Krankheit hin. Die Geschlechtskrankheiten sind genau so Krankheiten wie jede andere auch und infizieren können Sie sich auf vielerlei Art. Sie trinken unterwegs aus einem Bierglas, das zuvor von einem Kranken benutzt und anschliessend nicht richtig gesäubert wurde, oder durch eine Wunde dringt der Bazillus ein. Es ist keineswegs gesagt, dass Sie nur durch Geschlechtsverkehr krank werden können.—Bei Ihnen liegt die Infektion nun schon Jahre zurück und ist die Behandlung etwas langwieriger als bei frischer Infektion. Sie sind jedoch noch jung und gewiss daran interessiert, gesund zu werden. Ich rate Ihnen deshalb, führen Sie die notwendigen Kuren durch, haben Sie Mut zum Leben, desto eher werden Sie gesunden. Gewiss ist es nicht angenehm, solange einen Arzt aufsuchen zu müssen, aber besser heute zum Arzt gehen und gesund werden, als in späteren Jahren hinzusiechen [sic]”. ‘Abt H IV/2 an Frau [X], Oelsnitz/Erzgebirge, 22. Oktober 1952’: BArch, DQ 1/4672, unpaginated.

medical knowledge. Secondly, there was a definite effort to lift the taboo, shame, silence, and discrimination surrounding STD infections in the private and public lives of the people.⁴⁸⁰ However, this case also was exceptional, as the affected person was the wife of a party member—thus representing only one facet of various medical experiences. For example, the strict procedure of investigating sources of infection was disregarded in her case. Therefore, a generalisation of the STD patient’s medical experiences is impossible. Not least, as the member of the Ministry of Health, who wrote the letter, continued, that the wife should “be a good comrade to [her] husband”.⁴⁸¹ The author of the letter suggested political-ideological work and integration into the local community to support the cure—which demonstrates a very social hygienic understanding of the disease:

You do not believe how much happiness collective work can bring. Show some interest in the societal work of your husband and help him with that. There are so many opportunities, to be part of the construction of our *Heimat* [place of belonging/ birth/ identity] to Socialism. And it is great, when one can say one day, I helped here as well.⁴⁸²

This statement was in line with the view of re-educating and re-socialising suspected ‘promiscuous’ individuals, as well as ‘ordinary’ people. The understanding was that they were ‘cured’ through work, and even more through political activity and the right ideological consciousness towards the ‘lawful development of Socialism’.

Another example from Dresden exposes a more differentiated societal approach to people with STDs. In this case too, East German health officials intervened, stating that “[w]e [could] not allow that a person suffering from an STD was dismissed from the

⁴⁸⁰ This development was similar to many other postwar countries in Europe, for example in the UK. Hall, “‘War always brings it on’”; Hall, *Sex, Gender and Social Change*, p. 134; Harrison, ‘Sex and the Citizen Soldier’.

⁴⁸¹ ‘Abt H IV/2 an Frau [X], Oelsnitz/Erzgebirge, 22. Oktober 1952’: BArch, DQ 1/4672, unpaginated.

⁴⁸² “Sie glauben gar nicht, wieviel Freude die gemeinschaftliche Arbeit bringen kann. Interessieren Sie sich doch einmal für die gesellschaftliche Arbeit Ihres Mannes und helfen Sie ihm dabei. Es gibt so viele Möglichkeiten, am Aufbau unserer Heimat zum Sozialismus mitzuwirken. Und es ist schön, wenn man eines Tages sagen kann, hier habe auch ich mitgeholfen”. Ibid.

public health service only due to her STD”.⁴⁸³ Again, state officials stressed to local authorities that this disease was like any other illness and should be ‘treated’ correspondingly. However, they also inquired, whether or not the STD transmission occurred due to “inferiority of character or moral unreliability [...], or if she caused damage to the reputation of the office”.⁴⁸⁴ In these cases, the dismissal was rightful, “[t]hough then the reason for the dismissal [was] not the disease but the ignoble behaviour of the employee”.⁴⁸⁵ Therefore, East German officials aimed not only to remove the silence surrounding STDs, but also maintained the stigma attached to ‘promiscuity’. The dualism of stigmatisation and education thus was part of people’s everyday lives. In this narrow and biased scheme, patients with STDs, on the one hand, experienced comprehensive medical services, unseen in previous decades. On the other hand, as soon as the blurry line of ‘promiscuity’ was crossed by the individual in the opinion of the doctor, health official, or even the neighbourhood, the medical experiences, as seen throughout this chapter, were composed of the deprivation of rights, institutionalisation, and harmful treatments—thereby impacting the personal and work lives of the affected individual. It was a social stamp that many of the inmates of the *Fürsorgeheim Leuben*, analysed in the final chapter, potentially had to carry for the rest of their lives.

The conclusion of this chapter utilises exhibition material and street posters about sexual health, which incorporated all the previously discussed features of education and stigmatisation in order to prevent the spread of STDs. In many cases, the poster illustrations were medical memories put on display, and the most noticeable means of the East German campaign to reach all strata of society. The main producer of this material was the *Deutsches Hygiene Museum in Dresden* [German Hygiene Museum in Dresden – DHMD],

⁴⁸³ ‘DWK Berlin. Betrifft: Entlassung wegen Geschlechtskrankheit, 18. Februar 1949’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 1, Bl. 136.

⁴⁸⁴ Ibid.

⁴⁸⁵ Ibid.

Figure 2: Exhibition Posters, 1946



Transl.: “STDs are contagious!”, “STDs are avoidable!”, “STDs are curable” (from left to right).

Source: DHMD, 2013/483.1–483.3.

founded in 1912. This institution represented a continuity of medical memories in its ongoing existence throughout all political systems of twentieth-century Germany. The conceptual survival of this institution took the form of the building, space, staff, exhibition material used, and audience addressed. According to a report of the DHMD, the first large exhibition, which travelled throughout East Germany, was completed already in February 1946, indicating that material, which survived the Second World War, continued to be used in the postwar period.⁴⁸⁶ Furthermore, political and ideological claims unique to East Germany were absent in the early exhibitions, but were the subject of subsequent campaigns.

⁴⁸⁶ ‘Bericht des Deutschen Hygiene-Museums Dresden über die Durchführung der Wanderausstellungen zur Bekämpfung der Geschlechtskrankheiten im Jahre 1946’: BArch, DQ 1/597, Teil 1, Bl. 448–49.

Figure 3: Street Poster, 1947



Transl.: “Do you actually know each other?
– STDs incoming!”

Source: DHMD, 1995/769.

Figure 4: Exhibition Poster, Around 1954



Transl.: “Early Marriage between two healthy human beings as well as healthy, consistent partnership offer the best, the only effective protection against the danger of a STD”.

Source: DHMD, Lep. 14, Bl. 21.

The main political message of the three posters from 1946 in Figure 2 (p. 172), which were drawn in the style of the ones printed during the war, is a moralisation of sex and marriage, which was common throughout Europe in this era. This triptych tells two different stories. The focus is a woman, who has two choices: either she refuses sex with a stranger and gets married, or she acquires an STD, after which she lies desperately on the bottom of the illustration—symbolic for the margins of society.

However, as the last poster shows, society gives her another chance: the doctor can cure her disease, and a future husband waits for her in the background to start a societally acceptable life. This theme raises awareness against casual sex and promotes early marriage that can be found in exhibitions until the beginning of the 1950s (Figure 3 and 4 (p. 173)). These notions of early marriage and protection against STDs as being good for the

Figure 5: Exhibition Poster, Around 1953



Transl.: "You may not conceal from me, with whom you had sex because we need to contact the source of infection, if we want to combat STDs effectively".

Source: DHMD, Lep. 13, Bl. 3.

of patients who consulted *Ambulatorien* and other health clinics for STDs had doubled.⁴⁸⁹ Nevertheless, the success story of the DHDM's educational campaign was conflated with the strict regulations for curbing STDs, which this chapter previously discussed, and which caused the drastic increase in patients in 1946.⁴⁹⁰

Nonetheless, the exhibitions about STD prevention and treatment contributed to this development by educating the population. As the poster in Figure 5 (p. 174) of the small display exhibition from 1953 illustrates, the creator of this material consciously aimed to prepare potential patients about the procedures they faced in the *Ambulatorium*.

⁴⁸⁷ For the UK, see Hall, *Sex, Gender and Social Change*, p. 148. For West Germany, see Foitzik, "Sittlich verwhorlost".

⁴⁸⁸ Fenemore, 'The Growing Pains of Sex Education', pp. 71–73, 85.

⁴⁸⁹ 'Bericht des Deutschen Hygiene-Museums Dresden über die Durchführung der Wanderausstellungen zur Bekämpfung der Geschlechtskrankheiten im Jahre 1946': BArch, DQ 1/597, Teil 1, Bl. 448–49.

⁴⁹⁰ For the analysis of the STD epidemic and the implemented health policies, see Chapter 3.1 and 3.3.

state were also used in West Germany and the UK.⁴⁸⁷ In contrast, the GDR shifted attitudes away from enforcing early marriages in the 1950s because of its religious connotations, novel approaches in sexual education, and the new roles of women in society.⁴⁸⁸

The report of the DHMD continued, stating that their exhibitions travelled to 91 cities and had a total number of 375,605 visitors in 1946. From these statistics, they concluded that their efforts in educating people were a huge success: around 125,000 pamphlets and books were sold and the number

Here, for example, it is clarified to the audience that the STD patient has to reveal all of his sexual contacts—an important element of the state’s investigations into sources of infection.⁴⁹¹

Figure 6 (p. 175) from 1953 demonstrates a similar style of education—it aimed to remove silence, shame, fear or concerns about prevention and treatment. These ideas were utilised in order to stop patients from hiding their infections. The poster shows a soldier who keeps a condom in his chest pocket to be prepared for any ‘instances’—indicating the targeted audience.⁴⁹²

Noteworthy is that the soldier is not a member of the Red Army, but an East German serviceman, probably from the newly founded *Kasernierte Volkspolizei* [Barracked People’s Police – KVP] the predecessor of the NVA.

Therefore, while in 1934 in Dresden the display of sexual hygienic articles was rejected because it was seen as “a violation of customs and decency”, the postwar era saw a more open representation of contraceptives.⁴⁹³ However, condom vending machines

Figure 6: Exhibition Poster, Around 1953



Transl.: “Means of protection help to prevent STDs”.

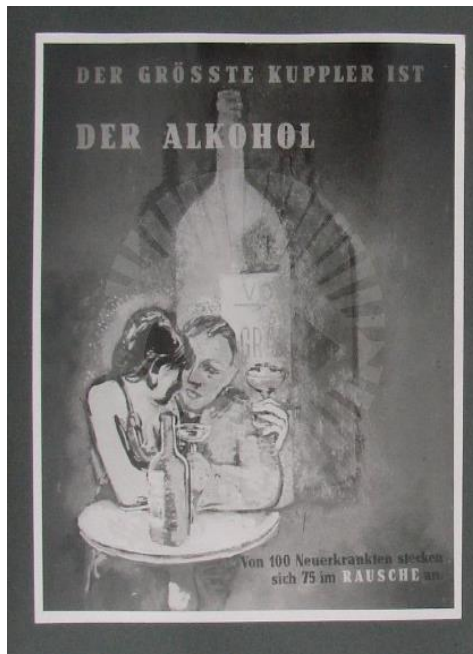
Source: DHMD, Lep. 13, Bl. 8.

⁴⁹¹ For example, see the adapted regulations against STDs from 1927 in the GDR. ‘Erläuterung zur Verordnung über ergänzende Strafbestimmungen zu dem Gesetz zur Bekämpfung der Geschlechtskrankheiten vom 18. Februar 1927 mit der Änderung vom 21. Oktober 1940, 20. Dezember 1945’: BArch, DP 1/7109, Bl. 1.

⁴⁹² For a broader study of the appearance, availability, and use of condoms in (West) Germany from the late-nineteenth century until today, see König, *Das Kondom*.

⁴⁹³ ‘Ausstellung von sogenannten hygienischen Artikeln. Gegen die Verwendung von hygienischen Artikeln (Frauenduschen) für sexuelle Zwecke, 1. September 1934’: StA Dresden, Wohlfahrtspolizeiamt, 2.3.27, Nr. 31, Bl. 52.

Figure 7: Exhibition Poster, 1946



Transl.: “The biggest panderer is the alcohol. – From 100 new patients, 75 have been infected while being intoxicated”.

Source: DHMD, 2013/483.94.

Figure 8: Exhibition Poster, 1946



Transl.: “Healthy gathering arises when the youth lends a hand in the construction”.

Source: DHMD, 2013/483.97.

were a common feature of public toilets since the Weimar Republic and—not without persistent dispute—continued to be available and considered an important aspect of STD prevention throughout the Third Reich and the GDR.⁴⁹⁴ In contrast, the UK returned to silence over sexual matters in the 1950s and renewed the emphasis on marriage; therefore, condoms and other contraceptives became difficult to obtain again.⁴⁹⁵

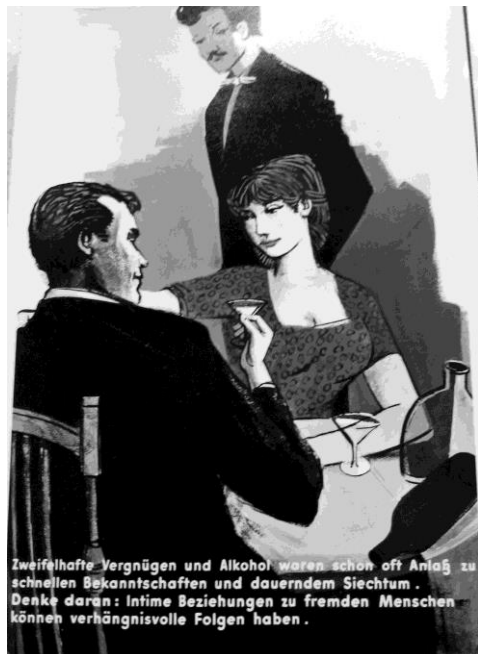
In general, the opinion always existed that the availability of condoms acted as a stimulant and lowered people’s inhibition to conduct casual sex. The so-called *Sittlichkeitsbewegung* [moralists or decency movement] emphasised the importance of a ‘atmosphere of fear’ and deterrence regarding sexual health to uphold their defined moral standards.⁴⁹⁶ This view never fully disappeared and was used in the GDR as well; especially in the form

⁴⁹⁴ Timm, ‘Sex with a Purpose’, pp. 231–32.

⁴⁹⁵ Hall, *Sex, Gender and Social Change*, pp. 148, 152–60.

⁴⁹⁶ Ellenbrand, *Volksbewegung und Volksaufklärung*, pp. 216, 218; König, *Das Kondom*, chap. 1.

Figure 9: Exhibition Poster, Around 1954



Transl.: “Doubtful pleasure and alcohol were often the reason for quick acquaintances and lasting lingering illness. Remember: Intimate relationships to strangers can have disastrous consequences”.

Source: DHMD, Lep. 14, Bl. 16.

Figure 10: Exhibition Poster, 1963



Transl.: “Alcohol consumption leads not only to an increase of sexual desire, but also eliminates the inhibitions and thus reduces the discerning ability. Subsequently, acquaintances are made indiscriminately. An infection can be the result”.

Source: DHMD, Lep. 15, Bl. 2.

of the state narrative against potential ‘promiscuous’, ‘abnormal’, and general ‘socially deviant behaviour’.

The biggest problem for health officials, however, was the combination of these two, so-called ‘proletarian diseases’: STDs and habitual alcohol consumption. Already in 1881, the playwright Henrik Ibsen had connected in his play *Ghost* the troubling features of syphilis and alcohol addiction in his main character. Even if this man inherits the disease from his ‘promiscuous’ father, the social surroundings, personal ramifications, and his subsequent turn to alcohol is a typical theme for plays at the turn of the century.⁴⁹⁷ However, Tennessee Williams’ play *Sweet Bird of Youth* from 1959 demonstrates that the

⁴⁹⁷ Henrik Ibsen, *Ghosts and Other Plays*, trans. by Peter Watts (London: Penguin Books, 1964).

explosive combination of alcohol and STDs remained a common feature in plays beyond the first half of the twentieth century.⁴⁹⁸ Therefore, the exhibitions of the DHMD targeted the same issue and thus it appeared in all subsequent educational campaigns (Figure 7 (p. 176), 9 (p. 177), and 10 (p. 177)). All three posters have the same message: alcohol intake leads to loss of inhibition, lack of discrimination in selecting sexual partners, a higher libido, and, therefore, a high risk of acquiring STDs. In contrast, Figure 8 (p. 176) illustrates what a ‘social gathering’ is supposed to look like: depicting young people working together to rebuild and support East Germany on its way to Socialism. This ‘healthy’ relationship in combination with ‘societally valuable’ work was a common theme and part of the political and ideological re-education of the people. It was a significant part of East Germany’s social didacticism and paternalistic approach. By challenging alcohol consumption and casual, indiscriminate sexual contacts, it attempted to create a new ‘socialist citizen’.⁴⁹⁹ Furthermore, in posters Figure 2 (p. 172), 4 (p. 173), 7 (p. 176), 9 (p. 177), and 10 (p. 177) a woman was put in the centre of the illustration, and thus a significant amount of attention was placed upon her.⁵⁰⁰ Therefore, a gendered bias was also prevalent in DHDM exhibitions. The authors of this material perpetuated the idea that women were morally more responsible in sexual matters and thus the blame lay with her if an STD was transmitted.⁵⁰¹

The posters analysed are typical examples of the East German state narrative. They are carefully selected and implemented medical memories and experiences of authorities that were turned into public health policies. Medical expertise, stigmatisation, and social

⁴⁹⁸ Tennessee Williams, *Sweet Bird of Youth; A Streetcar Named Desire; The Glass Menagerie* (Harmondsworth: Penguin Books, 1979).

⁴⁹⁹ For the same approach towards alcohol, women, and STDs in Imperial Germany and the Weimar Republic, as well as in West Germany and the UK, see Hall, *Sex, Gender and Social Change*, p. 143; Weindling, *Health, Race, and German Politics*, pp. 9, 11–32, 184–86, 273–76, 353–57, 413–15, 532.

⁵⁰⁰ For further information about the development of posters and its focus on women, not limited to public health campaigns, see Barbara Martin, *Zwischen Verklärung und Verführung: Die Frau in der französischen Plakatkunst des späten 19. Jahrhunderts* (Bielefeld: Transcript, 2016).

⁵⁰¹ See Chapter 3.3.

Figure 11: Exhibition Poster, 1963



Transl.: "Every person, who often changes her sexual partners, is always regarded as suspicious of suffering from a disease. People with frequent promiscuous behaviour play the biggest role in spreading STDs".

Source: DHMD, Lep. 15, Bl. 4.

didacticism determined the layout of these posters. Moreover, two important elements from the illustrations are related to nineteenth-century medical concepts. Firstly, there is the notion of the three 'proletarian diseases'—Tbc, STDs and Alcoholism⁵⁰²—which were perceived to be connected, and thus created the greatest concern for social welfare and health officials. Secondly, it was believed that people who drank too much alcohol, acquired STDs, or were unemployed or homeless must be 'asocial' or were listed as 'individuals with frequent promiscuous behaviour'. However, homelessness and unemployment were hard

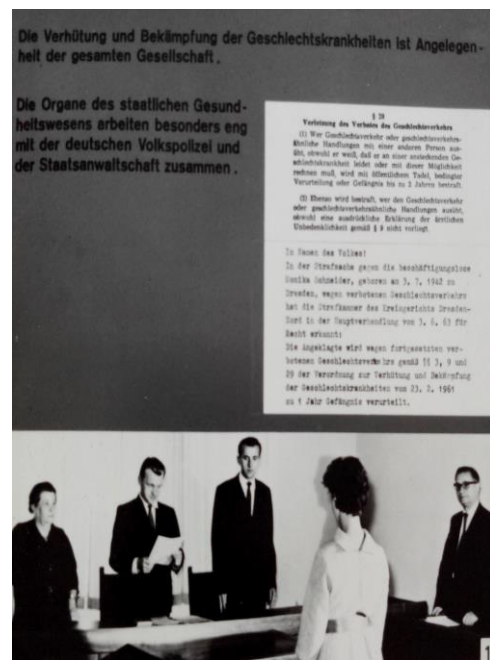
to avoid for many people in the post-Second World War period as housing was limited due to bombing and the influx of refugees from the East. Nevertheless, the combination of addiction, health issues, and socially unacceptable behaviour were the main targets of health officials: the policies implemented and discussed thus show an increasing severity of the punishments of stigmatised people, not limited to hospitalisation, institutionalisation, and nightly raids in bars and clubs.

These exhibitions were educational, but they also functioned as a deterrent. On the one hand, they explained the diagnosis, symptoms, and treatment procedures through posters and models. On the other hand, in order to deter people from contracting sexual

⁵⁰² Weindling, *Health, Race, and German Politics*, pp. 13, 19–20.

diseases, women were portrayed as ‘promiscuous’ or dangerous. In Figure 11 (p. 179), a woman on the telephone was shown on four different occasions, with four different men—articulating sexualised gestures. This depiction suggested to the audience that she was a person with ‘frequent promiscuous behaviour’. The intention of this poster was to stigmatise and thus prevent the exhibition visitors from behaving in a similar way. However, Figure 12 (p. 180) went one step further: this poster not only showed that a person could be sentenced to one year in prison if she or he violated STD regulations and

Figure 12: Exhibition Poster, 1963



Transl.: “The prevention and combat of STDs is the task of the whole society. The organs of the state healthcare system closely work together especially with the People’s Police and the public prosecution authority.”

Source: DHMD, Lep. 15, Bl. 10.

negligently spread the disease, but it also published the name, birthday, and residence of the woman accused in this openly accessible exhibition poster. The deterrent impact on the audience, apparently desired by the creator and the state alike, can be seen as a success. Neither woman nor man would want their name publicised in a nationwide travelling exhibition. Therefore, education and stigmatisation went hand in hand in East Germany because, as the poster in Figure 12 (p. 180) summarised, “[t]he prevention and combat of STDs [was] the task of the whole society”.⁵⁰³ Even in 1963, when STD statistics were far

⁵⁰³ Exhibition poster, 1963: DHMD, Lep. 15, Bl. 10.

away from the peaks of the early postwar years, the GDR relied on targeting women, and thus employed this strategy throughout their campaigns.⁵⁰⁴

The last section has brought together all the themes discussed in this chapter. It contributed to the socio-cultural approach towards the topic of sexual health, in this case for postwar East Germany. Elements of both medicalisation and education, stigmatisation and social didacticism, could be found in the exhibitions of the DHMD and states' policies. Awareness campaigns, on the one hand, as well as show trials and raids, on the other, illustrated the dualism or ambivalent character of deterrence. This system resulted in individualised medical experiences that depended on a person's social status and judgement. Especially, the local *Aktivausschuss* was an instrument for social control and disciplinary measures at the 'grassroots' of the new state. Similar to the denazification committees in every district, these *Aktivausschüsse* heavily relied on the information received from neighbours and the reputation of the affected person in the community. Consequently, the committees were biased *a priori* in their judgements. In this way, however, the community worked for the state and supported the overall aim of creating a 'new' society with 'socialist personalities', all of whom would show morally correct behaviour and be reliable in their political consciousness—even in bed.

Furthermore, this chapter has expanded Moser's and Harsch's concept of 'medicalised social hygiene' and proved that it is applicable for East Germany's campaigns against STDs, if including the notion of 'positive demographic policies' as one of the main concepts behind the laws and regulations passed. Both medical expertise and social hygienic agendas were part of the state narrative and were implemented at the local level, which reveals the importance of medical memories of the individual, doctor, and health

⁵⁰⁴ For statistics of syphilis and gonorrhoea in East and West Germany, see Pöhn and Rasch, *Statistik meldepflichtiger übertragbarer Krankheiten*, pp. 177, 179.

officials. Whether an authority defined someone's sexual conduct, a person entered the premises of an *Ambulatorium*, or health workers carried out raids in bars continuity was reflected not only in policies and attitudes, but also in everyday situations. In addition, the medical and social treatment of patients, the terminology used and the prejudices they faced demonstrate not only continuity with the Weimar Republic, but also the Third Reich.

In conclusion, apart from some Soviet-directed influence in sexual health matters, the Weimar Republic and its socialist and social hygienic movements had the strongest impact on the policy level, which East German state officials consciously emphasised and utilised for their regulations. At the local level, however, a real exchange of personnel, as seen in Chapter 2, and thus in language and medical concepts regarding sexuality and sexual health, did not occur. Therefore, doctors, health authorities, and police officers remained often the same people as before 1945. In one instance, according to Victoria Harris' study of prostitution in Germany from 1915 to 1945, the result of this continuity was that one prostitute pursued her business for 33 years undisturbed, despite multiple political changes.⁵⁰⁵ This finding exemplifies the stubbornness of mentalities and local conditions, in which greater political alterations or an end of a war could not cause a complete break with the past. The chapter has exposed these nuances, which have often been overlooked by other historians who focussed only on state regulations.⁵⁰⁶ With the help of the concept of medical memories and experiences, the analysis of the treatment of, and the attitude towards, STD patients has illustrated its dependency on locality, officials and medical personnel in charge, reputation and social surroundings.

⁵⁰⁵ Harris, *Selling Sex in the Reich*, pp. 187–88.

⁵⁰⁶ Grieder, *The East German Leadership*; Schroeder, *Der SED-Staat*.

HOPE AND DETENTION

USING MEDICAL MEMORIES AND EXPERIENCES OF 'WAR CHILDREN' BY THE STATE



When on 13 and 14 February 1945 Allied bomber groups turned most of Dresden's inner-city into ashes, the war that had started on German soil returned and reached civilians also in this Saxon city. In all war-involved European countries, many villages, cities, and towns experienced great destruction by air raids and ground battles, which inflicted much suffering on their inhabitants. Children born before or during the war were often robbed of their childhood. They had to take over adult responsibilities from an early age onwards, as older brothers or fathers were away or dead and thus unable to care of their families.⁵⁰⁷ Nevertheless, there was a widespread belief that children were quite resilient to 'traumatic'⁵⁰⁸ events: they were the first who conquered the rubble as their new playground.⁵⁰⁹ However, this view is widely refuted now, and current research claims that "children are the most jeopardised group" during and in the immediate aftermath of combat.⁵¹⁰ The

⁵⁰⁷ For the purpose of comparison, see Andreja Brajša-Žganec, 'The Long-Term Effects of War Experiences on Children's Depression in the Republic of Croatia', *Child Abuse & Neglect*, 29 (2005), 31–43 (p. 39); Atle Dyregrov and others, 'Grief and Traumatic Grief in Children in the Context of Mass Trauma', *Current Psychiatry Reports*, 17 (2015), 1–8 (p. 3).

⁵⁰⁸ The inverted commas are indicative of the author's awareness of the terms' ambiguity such as trauma, traumatic, traumatised and similar medical descriptions or diagnoses. Throughout this chapter, the terminology is discussed and questioned. Therefore, in the following analysis, the thesis refrains from using inverted commas for trauma, as its biased character is implied. Only for cases of—politically motivated—word constructions, single quotation marks highlight its questionable nature.

⁵⁰⁹ The only case study of children during the Second World War was given by Dorothy Burlingham and Anna Freud, *Infants Without Families: The Case For and Against Residential Nurseries* (London: Allen & Unwin, 1964). For an exploration of this notion of youth resilience, see Volker Ackermann, 'Das Schweigen der Flüchtlingskinder: Psychische Folgen von Krieg, Flucht und Vertreibung bei den Deutschen nach 1945', *Geschichte und Gesellschaft*, 30 (2004), 434–64 (pp. 450–51, 458, 460). For a critic of this view, see Dyregrov and others, 'Grief and Traumatic Grief', p. 2.

⁵¹⁰ Brajša-Žganec, 'The Long-Term Effects of War Experiences', p. 32.

understanding emerged that the scars of loss, violence, nights in bomb shelters, endless flights from battles, and famine with its subsequent diseases shape the future of every child exposed to this dangerous situation.⁵¹¹ The intensity and consequences of these scars are always highly diverse, and every individual is capable of coming to terms with his or her memories to a greater or lesser degree. This chapter explores children's differentiated war experiences and their responses to the resultant medical memories and experiences in the microcosms of Dresden and Leipzig. Furthermore, it analyses the subsequent narratives created by the state and the medical profession that pathologised⁵¹² the behaviour of the youth in the transition from war to postwar.

Initially sparked by the publication of Günter Grass' novel *Im Krebsgang* [Crabwalk] as well as the book of the journalist Sabine Bode with the revealing title *Die Vergessene Generation* [The Forgotten Generation] a public discourse emerged about war children and their psychological wounds, which continues to this day.⁵¹³ The overall tone of this discussion has been that 'it is time to address' the sufferings and potential traumata of *German* children born in the period from circa 1930 to 1945—thereby representing mainly the post-1929ers of Fulbrook's analysis.⁵¹⁴ Most of the 'war children' are in retirement now and have started to document their memories and experiences. Psychologists—such as Hartmut Radebold—registered a rise of mental illnesses among the elderly, which they often attributed to childhood experiences, suppressed by the affected individuals during their working life.⁵¹⁵ Therefore, many psychologists, sociologists, and historians—each

⁵¹¹ Ackermann, 'Das Schweigen der Flüchtlingskinder', p. 439. For examples of individual war experiences, see Sabine Bode, *Die vergessene Generation: Die Kriegskinder brechen ihr Schweigen*, 12th ed. (Munich: Piper, 2009), pp. 73–108.

⁵¹² The term 'pathologised' is used to capture and emphasise the negative connotation of medicalising behaviour as a disease. For a similar use of the term, see *Disease and Crime: A History of Social Pathologies and the New Politics of Health*, ed. by Robert Peckham (New York: Routledge, 2014).

⁵¹³ Günther Grass, *Im Krebsgang* (Göttingen: Steidl, 2002); Bode, *Die vergessene Generation*.

⁵¹⁴ Fulbrook, *Dissonant Lives*, chap. 6, 7 and 8.

⁵¹⁵ For an overview about the psycho-social ramifications of war and trauma for the elderly, see Hartmut Radebold, "'Kriegskinder' im Alter: Bei Diagnose historisch denken", *Deutsches Ärzteblatt*, 101 (2004),

for different reasons—called for obtaining subjective narratives to preserve them for the future.⁵¹⁶ For example, Ulrike Jureit critically analyses in her article the creation of the ‘war youth generation’ as a retrospective endeavour, based on this age cohort’s perceived shared ‘war experiences’ and thus the common starting point for commemoration. Despite the fallacies of generations as a concept, already discussed in Chapter 2, Jureit points out the necessity of this process—the engagement and self-reflection of the past—for German society.⁵¹⁷ However, other historians and survivors of the Holocaust have been targeting this endeavour, accusing the proponents of attempting to trivialise the victims of the Nazi regime.⁵¹⁸ Therefore, the debate touches upon a sensitive issue that questions whether the children of potential perpetrators can also be ‘victims’ of the Second World War and the postwar era. This chapter cannot resolve this overarching problem of differentiating ‘victimhood’ appropriately. However, it provides another angle on the issue of ‘war children’, focussing on detectable behaviour, potentially caused by war experiences, and the state’s reaction towards, as East Germany called them, the ‘depraved youth’.⁵¹⁹

Nevertheless, the difficulty of the topic is not only the politically motivated, public debate that surrounds the ‘forgotten child’ of the Second World War and the postwar era in East Germany, but also the shortage of sources addressing individual trauma experiences. This chapter circumvents the historiographical issue by utilising a considerable number of sources from the City Archives in Dresden and Leipzig, which include reports,

A1960–62 (p. A1960); Hartmut Radebold, *Abwesende Väter und Kriegskindheit: Alte Verletzungen bewältigen* (Stuttgart: Klett-Cotta, 2010).

⁵¹⁶ Petra Bühring, ‘Die Generation der Kriegskinder: Kollektive Aufarbeitung notwendig’, *Deutsches Ärzteblatt*, 102 (2005), A1190–93; Adelheid Jachertz and Norbert Jachertz, ‘Kriegskinder: Erst im Alter wird oft das Ausmaß der Traumatisierungen sichtbar’, *Deutsches Ärzteblatt*, 110 (2013), A656–58.

⁵¹⁷ Jureit, ‘Generationen-Gedächtnis: Überlegungen zu einem Konzept kommunikativer Vergemeinschaftungen’, pp. 125–36.

⁵¹⁸ For a critical analysis about the current debates, see Michael Heinlein, ‘Das Trauma der deutschen Kriegskinder zwischen nationaler und europäischer Erinnerung: Kritische Anmerkungen zum gegenwärtigen Wandel der Erinnerungskultur’, in *Narratives of Trauma: Discourses of German Wartime Suffering in National and International Perspective*, ed. by Helmut Schmitz and Annette Seidel-Arpaci (Amsterdam: Rodopi, 2011), pp. 111–28 (pp. 123–25).

⁵¹⁹ For this judgement, see ‘Max Klesse, Über die Beurteilung der Geschlechtskrankheiten und die Maßnahmen zur ihrer Bekämpfung, 26. August 1946’: BArch, DQ 1/1610, unpaginated.

petitions, statistics, and letters. The broad spectrum of sources prevents a biased approach as usually only extraordinary cases were recounted by state officials. Furthermore, it is important that in the first step, trauma as a medical and social concept is located within medical memories and experiences by utilising current psychological and sociological studies. This approach offers the opportunity to identify patterns of behaviour, which were potentially caused by traumatic events. Studies of war children in the world today are used for the purpose of conceptual insight. However, this is not an attempt to diagnose any post-traumatic stress disorders [PTSD] retrospectively. The analysis shows that the whole debate has shortcomings, and the diagnoses of PTSD and trauma are blurred, even in the realms of medicine and psychology.⁵²⁰ Therefore, it can only provide a template to explain the ‘up-rooted’ youth in postwar East Germany.⁵²¹ Apart from the military context and the recognised psychological suffering of soldiers on the front line, described as ‘shell-shock’, trauma as a psychological impairment, caused by extreme events and situations, was hardly a medical concept in that era.⁵²² Therefore, the first section needs to address these issues in depth and establish a basis for the following analysis.

In the second part, this chapter discusses the different experiences of children in the transition from war to postwar.⁵²³ With the help of the current methodology employed in trauma studies, established in the first section, it examines the available archival sources

⁵²⁰ Michael Heinlein, *Die Erfindung der Erinnerung: Deutsche Kriegskindheiten im Gedächtnis der Gegenwart* (Bielefeld: Transcript, 2010), p. 88.

⁵²¹ For a critic of the use of trauma as a concept for historical investigations due to its political and social biased character in today’s society, see Svenja Goltermann, ‘The Imagination of Disaster: Death and Survival in Postwar West Germany’, in *Between Mass Death and Individual Loss: The Place of the Dead in Twentieth-Century Germany*, ed. by Alon Confino, Paul Betts, and Dirk Schumann (New York: Berghahn Books, 2008), pp. 261–74.

⁵²² For more information about psychological concepts after the two world wars and its delayed application for the civilian context, see Svenja Goltermann, ‘Psychisches Leid und herrschende Lehre: Der Wissenschaftswandel in der westdeutschen Psychiatrie der Nachkriegszeit’, in *Akademische Vergangenheitspolitik: Beiträge zur Wissenschaftskultur der Nachkriegszeit*, ed. by Bernd Weisbrod (Göttingen: Wallstein, 2002), pp. 263–80; Paul Lerner, ‘Psychiatry and Casualties of War in Germany, 1914–18’, *Journal of Contemporary History*, 35 (2000), 13–28.

⁵²³ For an important exploration of children’s Third Reich and war experiences, see Nicholas Stargardt, *Witnesses of War: Children’s Lives Under the Nazis* (London: Pimlico, 2006).

for traces of war and postwar related experiences. This analysis argues that children's war experiences are too complex to be described by using one 'medicalised' term. The loss of relatives, the witness of rapes, murder, or death, the experience of abuse, illness, and torture had significant impacts upon children's socialisation. Medical memories of these experiences would influence their social 'performance', which leads to the next section: the aim to investigate the postwar behaviour of the so-called 'war youth', often caused by their war experiences, and the state's narrative. This third part of the chapter offers some insight into postwar realities and how the state authorities and the medical profession pathologised children's behaviour. In both East and West Germany, officials introduced paternalistic measures against the rise of criminality, delinquency, and 'sexual deviance'. This approach of the state authorities, medical personnel, and social environment, in general, represents another example of Erving Goffman's study of 'normal' and 'deviant' public behaviour.⁵²⁴ However, it needs to be stressed that only a minority was caught up in the so-called 'cycle of violence', meaning that violent experiences of the past resulted in violent or delinquent behaviour in the present.⁵²⁵ The majority of the 'war youth' was able to suppress, or come to terms with, ferocious memories, and lead—more or less—'perfectly normal lives'.⁵²⁶ This chapter raises the awareness of the complexity of individual responses and, vice versa, reveals the state's initiatives to reach out to the 'depraved youth', embracing and inducing them to be part of the socialist project: the hope for its future.

⁵²⁴ According to Goffman, rules of behaviour are institutionalised and 'normality' enforced by society and the state alike. 'Deviant behaviour' is pathologised and the targeted people put into asylums "to protect our gatherings and occasions". Goffman, *Behavior in Public Places*, p. 248.

⁵²⁵ Tobias Hecker and others, 'The Cycle of Violence: Associations Between Exposure to Violence, Trauma-Related Symptoms, and Aggression — Findings from Congolese Refugees in Uganda', *Journal of Traumatic Stress*, 28 (2015), 448–55 (p. 449).

⁵²⁶ This claim of leading 'perfectly normal lives' during the GDR has prominently been identified by Fulbrook and introduced into the overall historiography of East Germany, not without criticism. Fulbrook, *Dissonant Lives*, p. 478; Mary Fulbrook, *The People's State: East German Society from Hitler to Honecker* (London: Yale University Press, 2005), p. IX.

As mentioned above, the often invoked term of a ‘traumatised generation’ in current debates is misleading. Therefore, the conclusion of this chapter questions the rise in popularity of the ‘forgotten war children’ and the broad use of the term ‘trauma’ in Germany today. Without denying the long-term consequences of war experiences for the elderly and their sufferings today, this chapter, in line with Michael Heinlein’s study, points towards the pitfall in these discussions: their ‘apolitical’ claim.⁵²⁷ By using medical studies and terminology, the political agenda of the whole debate is disguised and invisible to its members. The inherent issue is the arbitrary extension of trauma as a category to explain and to excuse social phenomena. This is not the first instance in history, where medical concepts are used politically and to achieve the desired policies. Therefore, in exposing the bias in commemoration practices,⁵²⁸ this study seeks to raise awareness of the subjectivity, ambiguous terminology, and the problematic expansion of ‘victimhood’.

After working through the framework of medical memories and experiences from the top of the East German state in the previous chapter, the structure of this analysis reveals more of a bottom-up approach by first discussing the individual and then moving towards the doctors, mnemonic communities, institutions, and state. It thereby offers another example of the use of medical memories as an analytical category, which allows approaching the issue from different angles. It exposes individual coping strategies, derived from the negotiation with past experiences, the present situation, and the future perspective, as well as with the social surroundings, the institutionalised practices, and the state narrative. Therefore, the concept encompasses not only social, but also the political,

⁵²⁷ Heinlein, *Die Erfindung der Erinnerung*, pp. 86–87.

⁵²⁸ With commemoration practices, this thesis wants to include both ‘communicative memory’ and ‘cultural memory’ by rejecting their umbrella definition of being ‘collective memory’, thus questioning Maurice Halbwachs’ theory. For more in-depths discussion of commemoration practices and its manifestations in society and politics as well as in historical research, see Assmann, ‘History and Memory’; Assmann, *Der lange Schatten der Vergangenheit; War and Remembrance in the Twentieth Century*, ed. by Jay Winter and Emmanuel Sivan (Cambridge: Cambridge University Press, 1999); Goebel, *The Great War and Medieval Memory*.

cultural, and medical methodologies combined under the framework of memory studies. In this regard, this approach contributes to the understanding of subjectivity and the fragility of remembrance, as well as the unpredictable behaviour of contemporaries for selfish reasons and self-justification in particular, and raises awareness of the limitation of historical research into the past in general.

4.1 Locating the ‘Traumatic’ in Medical Memories and Experiences

Chris: *It takes a little time to toss that off. [...] They didn't die; they killed themselves for each other. [...] Everything was being destroyed, see, but it seemed to me that one new thing was made. [...] And then I came home and it was incredible. I ... there was no meaning in it here; the whole thing to them was a kind of a—bus accident.*⁵²⁹

Arthur Miller, *All My Sons*, 1947

In his famous play *All My Sons* from 1947, Arthur Miller depicted a postwar family that many contemporaries could identify with. This was Miller's first major success as a playwright.⁵³⁰ On the one hand, the play describes how Chris, one of the sons of the lead Joe Keller, comes back scarred from the war. As the above quotation describes, he has to deal with an entire company's death, which he commanded, but only he survived.⁵³¹ On the other hand, Chris' brother Larry committed suicide due to the news about his father: Joe, the main protagonist, allegedly sent faulty cylinders to the air force, which resulted in a few deaths among Larry's pilot comrades. In the finale scene, the audience hears a shot, which suggests another suicide. This time, it is Joe's; the father who cannot live with his burdening past any longer, indicated in his character's last lines: "Sure. He was my son. But I think to him they were all my sons. And I guess they were, I guess they were".⁵³²

One of Miller's strengths lies in establishing complex characters and, as Christopher Bigsby highlights in the introduction to this play, "to explore the way in which what we choose to call reality is a blend of memory and desire, given form and shape by a mind in

⁵²⁹ Arthur Miller, *All My Sons*, intr. by Christopher Bigsby (London: Penguin Books, 2000), pp. 35–36.

⁵³⁰ *Ibid.*, pp. vii, xiv.

⁵³¹ *Ibid.*, pp. 35–36.

⁵³² *Ibid.*, pp. 83–84, here 83.

search of order and self-justification”.⁵³³ Like Henrik Ibsen in his play *Ghosts*,⁵³⁴ Miller illustrated that characters have a past (e.g. violence, disease, crime, immoral behaviour) that determines their present actions (e.g. coping strategy, the guilt, the danger of revelation) as well as their perception of the future (for better or worse); we all are “haunted by ghosts [...] and we can’t rid ourselves of them”.⁵³⁵ This description captures the essence of medical memories and experiences in this study, underlining that the significance of the past for the present—in its positive or adverse ramifications for an individual, a group, or even a state—found its way into the literature long before psychology started to engage with memories for diagnosis and treatment more seriously. Therefore, the inclusion of fiction in this thesis shows its dedication to the field of medical humanities that incorporates an interdisciplinary approach to medical conditions and their social and medical treatment in the past.

Miller’s two examples of Chris and Larry gave a glimpse into the complexity of (traumatic) experiences, memory, and the feelings of guilt. The localisation of the traumatic in the study’s framework is this section’s topic. The difficulty is that, in the context of postwar East Germany, as well as in the rest of the world, the psychological concept of trauma was non-existent.⁵³⁶ Moreover, this study follows the criticism of Michael Heinlein, which questions the appropriateness of medical terminology for remembrance practices and discourse.⁵³⁷ The ‘medicalisation’ of memory⁵³⁸—in the form of Foucault’s notion of ‘biopolitics’⁵³⁹—and apparent ‘objectification’ of trauma in a cultural, social,

⁵³³ Miller, *All My Sons*, p. xxv.

⁵³⁴ Ibsen, *Ghosts and Other Plays*, pp. 19–102.

⁵³⁵ This line is taken from Act II from Ibsen’s play *Ghosts*, in which Mrs Alving describes her burdens from the past and how they have been passed on. Ibsen, *Ghosts and Other Plays*, p. 61.

⁵³⁶ For a critic on the historiographical use of trauma, see Goltermann, ‘The Imagination of Disaster’.

⁵³⁷ Heinlein, ‘Das Trauma der deutschen Kriegskinder’, pp. 124–25.

⁵³⁸ Heinlein, *Die Erfindung der Erinnerung*, pp. 180–85.

⁵³⁹ Michel Foucault, *Society Must Be Defended: Lectures at the Collège de France, 1975-1976*, trans. by Mauro Bertani and Alessandro Fontana (London: Penguin, 1997), pp. 242–44; Heinlein, *Die Erfindung der Erinnerung*, p. 87.

and state setting is misleading. The political use of trauma is rather a dangerous procedure, comparable to the shift of Darwinism to Social Darwinism, in which biological theories were used to explain social and political phenomena.⁵⁴⁰ Therefore, the term ‘trauma’ is not appropriate for the overall analysis of this chapter, as it would homogenise the complexity of individual or group war experiences and responses.⁵⁴¹ Nevertheless, the understanding of people’s traumatic experiences and their ramifications for the personal development and their behaviour offers a template to illuminate the issue of violence against children and the response by the state in the postwar era in East Germany.

Essential for defining the traumatic in medical memories and experiences is an understanding of how the human brain functions. The biggest problem researchers face is the fragility and reconstruction of memories. Due to the biological processes in the human brain, every time someone recalls a certain event, the initiated process causes a restructuring and accommodating of the memory according to the present context. As Levine shows, the result is that memories lose accuracy but gain relevance when reconstructed for the current context and a possible future situation.⁵⁴² This characteristic is challenging for historical investigation, i.e. oral history, but is of substantial significance for the human itself: due to his or her memories and experiences, the individual establishes a self-image and a life narrative in compliance to current social settings and future expectations to serve his or her ends.⁵⁴³ In summary, as Svenja Goltermann, a critic of the use of trauma in historical investigations before 1980, concludes, traumatic events are “in

⁵⁴⁰ Heinlein, *Die Erfindung der Erinnerung*, pp. 86–88; Goltermann, ‘The Imagination of Disaster’, pp. 262–64.

⁵⁴¹ Goltermann, ‘The Imagination of Disaster’, p. 264.

⁵⁴² Levine, *Trauma and Memory*, p. 141; Segalo, ‘Trauma and Gender’, p. 453.

⁵⁴³ See Chapter 2. Laura Elwyn and Carolyn Smith, ‘Child Maltreatment and Adult Substance Abuse: The Role of Memory’, *Journal of Social Work Practice in the Addictions*, 13 (2013), 269–94 (p. 273); Segalo, ‘Trauma and Gender’, p. 453.

some cases fed on prior [imagination], in other cases on ex-post knowledge”—a complex mix of reality, construction, and imagination.⁵⁴⁴

A historical investigation that relies on trauma without addressing the ambiguous character of this concept ultimately leads to distorted conclusions. Therefore, after outlining the medical and psychological issues of memories, as well as the problematic use of trauma as a concept in history and remembrance practices, the chapter establishes a more suitable definition of ‘war experiences’. The term must cover the complexity of experiences, traumatic or not, and individual responses, as well as potential ramifications for behaviour and prospects in a war and postwar context. This objective cannot be achieved with a solely historical inquiry. A broader understanding derives only from an interdisciplinary approach. Therefore, this study also explores the psychological studies about today’s war children, but with the focus on the differentiation of experiences and reactions, avoiding a homogenization under the term ‘trauma’.⁵⁴⁵

Nonetheless, many psychological works have often solely used medical significations of PTSD, established by the American Psychological Association (APA) in 1980, for investigation.⁵⁴⁶ The social psychologist Puleng Segalo criticised this fact, prevalent in her discipline because “categorising people’s suffering simply as a manifestation of a clinical syndrome (PTSD) or as a culture-bound construction of reality dehistoricises and dehumanises their lived experiences”.⁵⁴⁷ She further argues that:

⁵⁴⁴ Goltermann, ‘The Imagination of Disaster’, p. 266.

⁵⁴⁵ In comparison to studies about adult PTSD, little research has been done regarding trauma in children, criticises Champika K. Soysa, ‘War and Tsunami PTSD Responses in Sri Lankan Children: Primacy of Reexperiencing and Arousal Compared to Avoidance-Numbing’, *Journal of Aggression, Maltreatment & Trauma*, 22 (2013), 896–915 (p. 897).

⁵⁴⁶ For this limited approach, see, for example, Hecker and others, ‘The Cycle of Violence’; Maria M. Llabre and others, ‘Psychological Distress in Young Adults Exposed to War-Related Trauma in Childhood’, *Journal of Clinical Child & Adolescent Psychology*, 44 (2015), 169–80; Laura Ramo-Fernández and others, ‘Epigenetic Alterations Associated with War Trauma and Childhood Maltreatment’, *Behavioral Sciences and the Law*, 33 (2015), 701–21.

⁵⁴⁷ Segalo, ‘Trauma and Gender’, pp. 451, 447–48. For another critic, see Soysa, ‘War and Tsunami’, p. 898.

tension arises from various disciplines pointing to how trauma manifests at a psychosocial, individual and community level, and these multiple layers reflect its complexity by highlighting how it may be perceived as a socio-political event, a psycho-physiological process, a physical and emotional experience and a narrative.⁵⁴⁸

Segalo's statement highlights the inherent challenges that both trauma studies and researchers on memory face: a plurality of terminology, definitions, and approaches. This study also refrains from using PTSD⁵⁴⁹ as a concept because theoretical lines between simple and complex PTSD remain too blurry.⁵⁵⁰ Moreover, there exist no clear demarcations between the concepts of war trauma,⁵⁵¹ complicated grief,⁵⁵² and maltreatment.⁵⁵³ A useful definition in this context needs to be broad to encompass the complexity of all potential exposures which a child could face during the transition from war to postwar.⁵⁵⁴

As already established in Chapter 2, the age at which someone experiences decisive historical events determines socialisation and the individual belief system.⁵⁵⁵ Consequently, the reactions towards possibly traumatic events, as well as the potential for resilience and available coping strategies depends upon someone's age.⁵⁵⁶ However, gender is also a decisive aspect for the complexity of children's war experiences that follows the societal gender roles and the diverse involvement during wars.⁵⁵⁷ The socialisation as a

⁵⁴⁸ Segalo, 'Trauma and Gender', p. 447.

⁵⁴⁹ For a historical exploration of trauma and the development of its treatments during the twentieth century, see Ben Sheppard, *A War of Nerves: Soldiers and Psychiatrists, 1914–1994* (London: Pimlico, 2002); Edgar Jones and Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War* (Hove: Psychology Press, 2005).

⁵⁵⁰ Hunt, *Memory, War and Trauma*, p. 58.

⁵⁵¹ *Ibid.*, pp. 50–60.

⁵⁵² Dyregrov and others, 'Grief and Traumatic Grief', p. 2.

⁵⁵³ Elwyn and Smith, 'Child Maltreatment', p. 270. A discussion of the problematic definition of war trauma and PTSD, provides Hunt, *Memory, War and Trauma*, pp. 59–60.

⁵⁵⁴ For broader definitions of trauma, see Dyregrov and others, 'Grief and Traumatic Grief', p. 1. For definitions of child maltreatment, see, Elwyn and Smith, 'Child Maltreatment', p. 270; Ramo-Fernández and others, 'Epigenetic Alterations', p. 705.

⁵⁵⁵ See Chapter 2. Fulbrook, *Dissonant Lives*, pp. 305, 488–91.

⁵⁵⁶ Brajša-Žganec, 'The Long-Term Effects of War Experiences', p. 32; Dyregrov and others, 'Grief and Traumatic Grief', p. 2.

⁵⁵⁷ Hunt, *Memory, War and Trauma*, p. 54.

female or male, involved in war as a child soldier or civilian, is significant for a ‘gendered’ experience and response.⁵⁵⁸ Therefore, the nature of the (traumatic) event, whether or not it occurred in the context of war, is linked with its severity and potential to develop PTSD in male or female children.⁵⁵⁹ In conclusion, the analysis of the differentiated responses to potentially traumatic events according to age, gender, socialisation, and the nature of the event requires an interdisciplinary approach to capture this complexity of war experiences—not least, to facilitate the understanding of the possible long-term consequences for public and private behaviour.⁵⁶⁰

One of the most problematic ramifications, which psychological studies point out for today’s war children, is the so-called ‘cycle of violence’. This term describes the connection between the experience of violence in the past and the subsequent aggressive behaviour in the present.⁵⁶¹ Laura Ramo-Fernández et al. illustrate that “the risk of becoming perpetrators themselves and abusing their spouses and children or of becoming involved in offending and violent crime, is elevated in childhood maltreatment survivors”.⁵⁶² This statement can be applied to the recruitment of child soldiers: minors learn that they are rewarded for violent behaviour. Accordingly, they develop ‘appetitive aggression’ and a ‘hunting network’, which helps them to survive during the war.⁵⁶³ The problem is that learned behaviours fail to disappear simply after the war has ended. Here, the inherent potential of the ‘cycle of violence’ and other behaviour and actions that are defined as antisocial, like alcohol and substance abuse, as well as risky sexual conduct, has been observed in psychological studies of today’s wars.⁵⁶⁴

⁵⁵⁸ Segalo, ‘Trauma and Gender’, pp. 449–50; Brajša-Žganec, ‘The Long-Term Effects of War Experiences’, p. 40.

⁵⁵⁹ Soysa, ‘War and Tsunami’, p. 909.

⁵⁶⁰ Segalo, ‘Trauma and Gender’, p. 448.

⁵⁶¹ Hecker and others, ‘The Cycle of Violence’, p. 449.

⁵⁶² Ramo-Fernández and others, ‘Epigenetic Alterations’, p. 705.

⁵⁶³ Hecker and others, ‘The Cycle of Violence’, p. 449.

⁵⁶⁴ Ramo-Fernández and others, ‘Epigenetic Alterations’, p. 705.

Nevertheless, children cannot be solely viewed as victims of wars. They often have some agency as well: they “interpret the world around them and act accordingly”.⁵⁶⁵ Furthermore, war events facilitate not only adverse effects on the child’s future development, but can also trigger personal growth.⁵⁶⁶ The most significant precondition of positive memories and outcomes is ‘social support’.⁵⁶⁷ Brajša-Žganec describes ‘social support’ as “a complex transactional process”,⁵⁶⁸ which is embedded in a network composed of “the individual, the family, the community and the culture”—the so-called ecological model.⁵⁶⁹ This model describes the potential resilience of children, depending on the availability of parents, the strength of the social bond in the wider social environment, and the culturally acceptable behaviour and narrative. However, with the dissolution of the social bond, such as the loss of parents, the protective effects disappear and individuals are exposed to war experiences on their own—thereby becoming prone to developing adverse psychological symptoms.⁵⁷⁰

Social support, and its embedded interpersonal network, is crucial for developing resilience in humans, especially children.⁵⁷¹ Psychological studies identify for children another critical layer of support: their relationship to peers. Interactions between children who undergo similar experiences can also have a positive impact on their mental health

⁵⁶⁵ Segalo, ‘Trauma and Gender’, p. 448.

⁵⁶⁶ For a deeper discussion of ‘growth’ as a concept within trauma studies, see Hunt, *Memory, War and Trauma*, chap. 6.

⁵⁶⁷ Llabre and others, ‘Psychological Distress’, pp. 177–78; Soysa, ‘War and Tsunami’, pp. 911–12; Inka Wilhelm and Susanne Zank, ‘Zweiter Weltkrieg und pflegerische Versorgung heute: Einfluss von Kriegstraumatisierungen auf professionelle Pflegesituationen’, *Zeitschrift für Gerontologie und Geriatrie*, 5 (2014), 4–8 (p. 4).

⁵⁶⁸ Brajša-Žganec, ‘The Long-Term Effects of War Experiences’, p. 33.

⁵⁶⁹ *Ibid.*, p. 34.

⁵⁷⁰ Llabre and others, ‘Psychological Distress’, pp. 177–78; Brajša-Žganec, ‘The Long-Term Effects of War Experiences’, p. 32; Segalo, ‘Trauma and Gender’, p. 452.

⁵⁷¹ Nevertheless, there are studies which could not verify the overall assumption that social support inherently prevents the development of depression. One example is Brajša-Žganec, ‘The Long-Term Effects of War Experiences’, p. 40.

and ability to cope with traumatic events, as they can offer a platform for shared memories.⁵⁷² This group activity provides a way of bringing their common ‘body memory’ into a ‘coherent narrative’—which is, according to Levine, the essential step towards resilience and a positive outcome for all humans who experienced traumatic events.⁵⁷³ However, peer support can also accelerate negative coping strategies: for example, when orphans establish a youth gang, which engages in crimes and alcohol abuse.⁵⁷⁴ The multifaceted nature and fragility of social support as a category for exploring war experience and its ramification underline the complexity which a label of trauma cannot grasp in its wholeness. For example, probably not all of the members of the youth gang suffer from trauma, but share experiences which simultaneously strengthened their bond to each other and enforces, or affirms, their joint criminal activities within their ‘world’.

In Miller’s play *All My Sons*, the sins of Joe—sending faulty cylinders to the air force, which caused several deaths among pilots, and denouncing a colleague for it—are transferred to his son, if Chris decides to take over the company. In the first act, Joe pushes Chris to change the name of the enterprise to have a ‘clean start’—a re-labelling exercise, which has been identified in many instances throughout this study for different objects and concepts of medical memory.⁵⁷⁵ However, after the full revelation of Joe’s guilt in the second act, Chris feels tortured by the newly gained knowledge that his father only thought about business; that Joe did not realise the impact of his actions on Chris and Larry’s comrades—for his sons, Joe betrayed their country.⁵⁷⁶ Miller thus unconsciously incorporated another layer of trauma into his play, which now is com-

⁵⁷² Megan Cherewick and others, ‘Coping Among Trauma-Affected Youth: A Qualitative Study’, *Conflict and Health*, 9 (2015), 1–12 (pp. 9–10); Segalo, ‘Trauma and Gender’, p. 452.

⁵⁷³ Levine, *Trauma and Memory*, p. 129.

⁵⁷⁴ Cherewick and others, ‘Coping Among Trauma-Affected Youth’, pp. 9, 11.

⁵⁷⁵ Miller, *All My Sons*, p. 38.

⁵⁷⁶ *Ibid.*, pp. 68–71.

monly expressed in psychological literature: the transgenerational transmission of traumatic experiences. This psychological model is the last important aspect discussed here, which has its origin in the research on Holocaust survivors and their children.⁵⁷⁷

In general, wars not only bring violence upon individuals and groups but also are “aimed at destroying the whole fabric of social, economic and cultural relations as well as subjective mental state”.⁵⁷⁸ Therefore, the duration of a conflict determines the grade of destruction, which also “extends into the future and spreads beyond individuals to the social and political life of the community”.⁵⁷⁹ This general explanation is the link, in which psychological studies see the starting point of the transgenerational transmission of memories, experiences, and trauma: Holocaust survivors’ children, for example, can recall cruelties and traumas which they cannot possibly have experienced.⁵⁸⁰

Biologically speaking, evidence points towards the heredity of information and strategies for survival as an essential tool of nature to preserve a species.⁵⁸¹ Nevertheless, the inheritance of trauma or traumatic experiences remains controversial.⁵⁸² As described before, memory is fragile and constantly changes. Moreover, it adds information and images that were never actually obtained, but have been only incorporated by pictures and narratives from others, the media, and cultural and political remembrance practices. The inherent issue is that this procedure often occurs unconsciously, causing the distortion that a person starts to believe that he or she did experience a certain event— even if it is practically impossible. In this sense, women’s traumatic experiences of being raped could potentially be transferred to the subsequent children: the affected offspring

⁵⁷⁷ For the origin and the concept of ‘transgenerational transmission of trauma’, see Levine, *Trauma and Memory*, pp. 161–68; Ramo-Fernández and others, ‘Epigenetic Alterations’, pp. 709–11.

⁵⁷⁸ Segalo, ‘Trauma and Gender’, pp. 448–49.

⁵⁷⁹ *Ibid.*, p. 449.

⁵⁸⁰ Levine, *Trauma and Memory*, pp. 162–63.

⁵⁸¹ *Ibid.*, p. 165.

⁵⁸² Llabre and others could not identify a transgenerational transmission in their sample. Llabre and others, ‘Psychological Distress’, p. 177.

could develop “distress that arises from discrimination and stigmatisation in patriarchal societies where the community becomes the oppressor of children born from rape as they may be perceived as objects of shame and humiliation”.⁵⁸³ Consequently, not the trauma of the mother as such, but the social context and the socialisation of the child are a carrier of the traumatic experience across generational boundaries.

Additionally, psychological studies identified that the transgenerational transmission of war experiences can occur due to a ‘cycle of maltreatment’. Ramo-Fernández et al. observed that “abused mothers showed an enhanced psychological aggression and physical punishment, less parental warmth and problems in establishing boundaries”.⁵⁸⁴ In this cycle, in which an abused parent becomes violent towards his or her children, two potential adverse outcomes for the future development are identified. Firstly, sexually, emotionally, or physically abused children show an increased risk of becoming violent towards their partner and offspring in their adulthood. They are also prone to criminal behaviour and substance abuse. The second possible outcome is ‘re-victimisation’. After experiencing abuse in childhood, the affected person could tend to engage with abusive partners in adulthood because they fail to develop a different emotional setting towards sexuality and love.⁵⁸⁵ Here, forms of transgenerational maltreatment can be recognised, which could be caused by the war experiences of a parental generation. However, as many psychology studies emphasise, there is no causal link from child abuse to abusive behaviour in adulthood, as “the majority of childhood maltreatment survivors do not become perpetrators”.⁵⁸⁶

⁵⁸³ Segalo, ‘Trauma and Gender’, p. 451.

⁵⁸⁴ Ramo-Fernández and others, ‘Epigenetic Alterations’, p. 710.

⁵⁸⁵ Ibid.

⁵⁸⁶ Ibid.

Apart from these manifestations between generations, a transgenerational connection can also be latent in the form of ‘silence’. The understanding of this generational link as the inability to mourn⁵⁸⁷ or to put memories into words⁵⁸⁸ is, however, insufficient. ‘Silence’ often serves as a way to prevent further exposure of the family or group to war events of the past—a typical survival and political strategy of a mnemonic community, already explored for doctors in Chapter 2.⁵⁸⁹ In this way, a cultural narrative could be created that is formed around a ‘taboo’ topic and thus passed on to future generations.⁵⁹⁰ In the post-Second World War context for West Germany, Volker Ackermann claims, “[t]he disappearance of the horror stories of flight and expulsion [...] [and] the ‘communicative silence’ of the Nazi past [...] [was] the social-psychological and political essential medium to transform the postwar population into citizens of the FRG”.⁵⁹¹ Apparently, these were two taboos that had an intergenerational effect; this chapter turns to Ackermann’s claim in its conclusion, as his scholarship needs to be located within the overall public debate of the ‘war youth’ in Germany of the last decade. Nevertheless, the transgenerational transmission of war experiences exposes a multifaceted interdependency with complex and arbitrary outcomes at the individual, community, and state level. Occasionally, the psychological studies utilised in this chapter have a tendency towards ‘social hygienic’ views, seeking for generalisation regarding a genetic link, as well as a socialisation explanation of deviance.⁵⁹² This interpretation represents a pitfall which is addressed in the following concluding remarks.

⁵⁸⁷ Mitscherlich and Mitscherlich, *The Inability to Mourn*.

⁵⁸⁸ Dyregrov and others, ‘Grief and Traumatic Grief’, p. 5; Segalo, ‘Trauma and Gender’, p. 452.

⁵⁸⁹ For the problematic use of ‘silence’ in the life narrative of the medical personnel, see Chapter 2.

Wilhelm and Zank, ‘Zweiter Weltkrieg und pflegerische Versorgung heute’, pp. 4–5.

⁵⁹⁰ Segalo, ‘Trauma and Gender’, p. 452. For the ‘political or strategic silences’, see Winter, ‘Thinking About Silence’, pp. 4–6.

⁵⁹¹ Ackermann, ‘Das Schweigen der Flüchtlingskinder’, pp. 460–61.

⁵⁹² For this claim, see Ramo-Fernández and others, ‘Epigenetic Alterations’, p. 711.

This section has clarified that limiting oneself to the use of trauma, PTSD, or similar terminology is misleading and homogenising because human experience, its responses, coping ability, and narration is highly complicated and cannot be described with one term. This understanding is particularly valid for medical concepts which are always tailored towards abnormality and the adverse outcome of an experience. Consequently, trauma remains a contested field of research, whose shortcomings regarding blurred definitions can only be circumvented by a broader, interdisciplinary approach. There is biological and medical evidence for many claims and links between an event and the human reactions, between the generations, and between members of society.⁵⁹³ Nevertheless, methodological issues hamper the establishment of a comprehensive understanding of, for example, the connection between substance abuse and the observed lifestyle and experience of abuse, as it is “difficult to disentangle from the effects of the stress per se”.⁵⁹⁴

For this chapter, the analysis of children’s war experiences in today’s war contexts provides a template to investigate the archival sources and discuss the East German youth’s transition from war to postwar. The established categories of age, gender, socialisation, generational transmission, and the nature of the event provide the following analysis with helpful tools to grasp children’s responses to war experiences, the ramifications for their behaviour, and the reaction of the state. Therefore, the next sections follow the claim of Goltermann that:

[w]e can only hope to detect ways of dealing with [war experiences] in the present, and thus in general terms we are not dealing with the history of the war but with the history of postwar imagination of disaster. This is not a history of ‘trauma’ given and discovered, but of an

⁵⁹³ Ramo-Fernández and others, p. 711.

⁵⁹⁴ Ibid., p. 713.

open-ended process of negotiation, public and private, in which unsettling experiences, even if only experienced from hindsight, may be settled or not.⁵⁹⁵

This statement localises trauma and ‘traumatic experience’ within historiography and criticises its unreflected use. Miller’s play *All My Sons* demonstrates, however, that the past has complex effects on the present and the perception of the future, which underlines the necessity of investigating children’s war and postwar experiences in East Germany.

⁵⁹⁵ Goltermann, ‘The Imagination of Disaster’, p. 265.

4.2 A Youth Exposed: Experiences of East German Children in the Transition from War to Postwar

*And then he said very quietly: My brother, he is down there. There. Jürgen pointed towards the collapsed walls with his stick. Our house got a bomb. Suddenly the light was gone in the cellar. And he was as well. We continued to call him. He was much smaller than me. Only four. He must be still there. He is so much smaller than me.*⁵⁹⁶

Wolfgang Borchert, *Nachts schlafen die Ratten doch*, 1947

The novelist Wolfgang Borchert was one of the most influential figures of postwar German literature. In his short story, *Nachts schlafen die Ratten doch* [The Rats Do Sleep at Night], he introduced a young boy, Jürgen, who tries to guard his lost brother against the small rodents. It also features an old man who empathises with Jürgen's situation. By offering him a rabbit and the explanation that rats go to sleep at night, the old man gives Jürgen the necessary relief from his fears, which has kept him watching the site since the day a bomb destroyed the home and buried his younger brother under the falling rubble. The outcome of this interaction, and whether Jürgen stops his guard during nighttime, though, remains open.⁵⁹⁷ In this short story, the multifaceted experiences of a child in the war and postwar era are captured by a fictional account. As shown in the previous section, war can impose similar experiences of loss and grief on an individual, but the response and narrative of children can be highly diverse. More often than not, adolescents can

⁵⁹⁶ "Mein Bruder, der liegt nämlich da unten. Da. Jürgen zeigte mit dem Stock auf die zusammengesackten Mauern. Unser Haus kriegte eine Bombe. Mit einmal war das Licht weg im Keller. Und er auch. Wir haben noch gerufen. Er war viel kleiner als ich. Erst vier. Er muß hier ja noch sein. Er ist doch viel kleiner als ich". Wolfgang Borchert, 'Nachts schlafen die Ratten doch', in *Das Gesamtwerk: Mit einem biographischen Nachwort von Bernhard Meyer-Marwitz* (Hamburg: Rowohlt, 1949), pp. 216–19 (p. 218).

⁵⁹⁷ *Ibid.*, pp. 216–19.

come to terms with the event, especially, as in Jürgen's case, if they receive some social support, helping to cope with the event.

This section analyses youth experiences in the transition from war to postwar in East Germany, in particular in Dresden and Leipzig. During this process, the various, and often impenetrable, situations of children in these war-torn cities reveal a complexity, which medicalised terms like 'collective trauma' or a 'traumatised society' fail to encompass.⁵⁹⁸ Instead, this study follows Konrad Jarausch and Michael Geyer's argument that "[i]f there was something like a collective experience, it was the encounter with mass death, with irretrievable loss".⁵⁹⁹ The ever-present end of lives represented one of the most decisive experiences for all people involved in the war. However, adults, as well as children, were not only 'victims', even in the most dangerous and violent times. They also had agency to utilise, choices to make, and opportunities to seize, which often decided about life or death in the war context—a detail that is often overlooked in historical research. In this regard, methodological issues arise for the following interpretation from the fact that the sources utilised have an inherent bias that most of the officials' statements detailed negative and exceptional cases. However, other reports and statistics exist, which address the general (medical) condition of Dresden's youth, offering a more differentiated insight into their war and postwar situation. From the vast amount of potential medical memories and experiences, this section limits its investigation to malnourishment and disease, negligence and homelessness, as well as violence and STDs. These six often interrelated aspects provide the starting point for the discussion of the youth's behaviour

⁵⁹⁸ For the problematic and extensive use of the terms 'collective' in connection with trauma as reference in multiple forms, see, for example, Bode; Bühring, 'Die Generation der Kriegskinder', p. A1190.

⁵⁹⁹ Konrad H. Jarausch and Michael Geyer, *Shattered Past: Reconstructing German Histories* (Princeton: Princeton University Press, 2003), p. 353.

that often had its origins in their war experiences and the state's reaction in the third section of this chapter.

“In front of the children's eyes a world undisguised and stripped of beauty unveiled itself”, stated Elisabeth Pfeils in 1951, describing the situation of the youth among the refugees from the East. These experiences included, according to her, “perished animals, collapsing people, women who gave birth at the side of the road; people who were freezing to death, drowning, shot, run over”.⁶⁰⁰ The children, who were fleeing with their families from the advancing Red Army, had often lived through extreme violent and dangerous times that distinguished them from other adolescents who lived in Germany throughout the war.⁶⁰¹ In fact, some mainland German villages or smaller towns had no direct encounter with war until the very end.⁶⁰² The one common experience shared by all, which was a threat to their health and wellbeing alike, was malnourishment. Since the beginning of the Second World War, food and other commodities were rationed and the amount distributed to the people decreased continuously in the following years.⁶⁰³ This deficit in basic foods extended into the postwar period and rationing cards were not abolished until 1950 for West Germany and 1958 for East Germany.⁶⁰⁴

As shown in Figure 13 (p. 206), for pre-school and primary school children in Dresden—a city heavily bombed in February 1945—the end of the war did not represent the

⁶⁰⁰ Elisabeth Pfeils, *Flüchtlingskinder in neuer Heimat* (Stuttgart: Klett, 1951), p. 11.

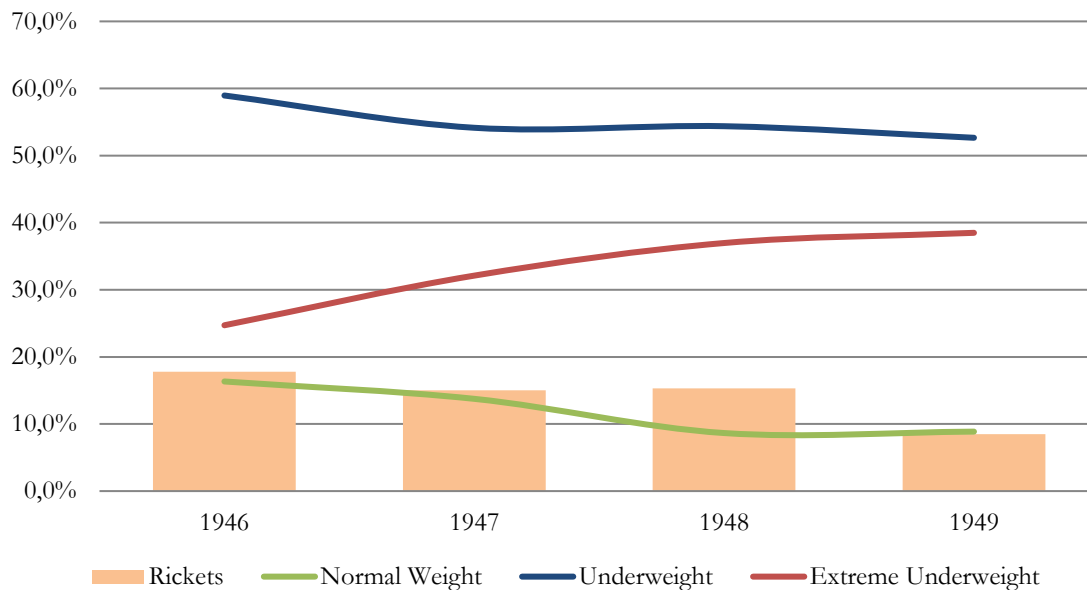
⁶⁰¹ For further information on the difficulties of integrating refugees and expellees from the East in the GDR and FRG, see Patrice G. Poutrus, ‘Zuflucht im Nachkriegsdeutschland: Politik und Praxis der Flüchtlingsaufnahme in Bundesrepublik und DDR von den späten 1940er bis zu den 1970er Jahren’, *Geschichte und Gesellschaft*, 35 (2009), 135–75; Michael Schwartz, *Vertriebene und ‘Umsiedlerpolitik’: Integrationskonflikte in den deutschen Nachkriegs-Gesellschaften und die Assimilations-strategien in der SBZ/DDR 1945-1961* (München: Oldenbourg, 2004).

⁶⁰² Bessel, *Germany 1945*, p. 332.

⁶⁰³ For a deeper analysis of people's situation regarding rationed commodities during the Second World War, see Christoph Buchheim, ‘Der Mythos vom “Wohlleben”’: Der Lebensstandard der deutschen Zivilbevölkerung im Zweiten Weltkrieg’, *Vierteljahreshefte für Zeitgeschichte*, 58 (2010), 299–328 (pp. 307, 317, 327–28).

⁶⁰⁴ Dorothee Wierling, *Geboren im Jahr Eins: Der Jahrgang 1949 in der DDR. Versuch einer Kollektivbiographie* (Berlin: Links, 2002), p. 60.

Figure 13: The Weight and the Appearance of Rickets Among Pre-School and Primary School Children in Dresden Between 1946 and 1949



Source: 'Jahresbericht 1946': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 51, 53; 'Jahresbericht 1947': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 203, 205; 'Jahresbericht 1948': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 77, 79; 'Jahresbericht 1949': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 98, 101. Percentages were calculated according to the overall number of children examined in each year. Unfortunately, the overall number of children varies greatly and the sections of the forms are not always filled in sufficiently enough to draw broader conclusions.

end of hardships. In fact, the opposite was the case as nourishment worsened. A city like Dresden, for example, had to rely on the surrounding areas for food provision, which was insufficient due to food and stock confiscations by the occupying troops,⁶⁰⁵ the initial lack of a central administration for food distribution, and the war's impact on food suppliers in the immediate postwar era. Therefore, city inhabitants across the country started to use parks, ruins, and any other free space to grow vegetables, mostly potatoes.⁶⁰⁶ Moreover, the statistics point towards a drastic decline in the number of children with normal weight and a subsequent increase in those who were underweight between 1946 and 1948. Not until 1949 does the number of underweight children seem to have stabilised itself

⁶⁰⁵ For example, Reinisch identifies that in all occupied zones the consideration of Allied authorities was driven by the question of German guilt and thus other countries and the own population should be favoured when distributing food and pharmaceuticals. Reinisch, *The Perils of Peace*, pp. 6, 31, 37–39.

⁶⁰⁶ Bessel, *Germany 1945*, pp. 343–53; Wierling, *Geboren im Jahr Eins*, pp. 60–61.

and the general tendency of the graph points towards better nourishment among the children. The issue with the reports that are utilised for this analysis is that it is neither clear if all of Dresden's youth were included, nor does it provide a clear definition of what normal, under-, and extreme underweight constituted. However, the high percentage of underweight children, shown in Figure 13 (p. 206), was not limited to Dresden, but was valid for the rest of Germany.⁶⁰⁷ This claim is corroborated by the 'Langoog-Study', which examined children who had been selected and sent to the North Sea island of Langeoog for regeneration by the state of Lower Saxony in the West Zone between 1946 and 1950.⁶⁰⁸ Doctors and psychologists, involved in that study, found that some of the adolescents weighed 20 per cent less than what was considered the 'norm' at the time and also lagged behind their general growth—a situation that weakened their overall health condition and exposed them to the widespread diseases.⁶⁰⁹

The best indicator of malnourishment, especially relating to the deficit of proteins and vitamins, is rickets. In the postwar context, the deficiency of food led to an increase in rickets among Dresden's children. This development is shown in Figure 13 (p. 206), where an increase of this disease was accompanied by the drastic decline of adolescents with normal weight to under 10 per cent and the escalation of children suffering from extreme underweight to almost 40 per cent.⁶¹⁰ As a result, the condition of malnourishment was linked to the prevalence of diseases to an extent unknown in peacetime.⁶¹¹ The unusual rise in 1948—three years after the war had ended—was due to two successive

⁶⁰⁷ Hermann Stutte and H. Reinecke, 'Wachstumsverhältnisse bei hessischen Schulkindern in den Jahren 1946–1949', *Kinderärztliche Praxis*, 19 (1951), 515–21. Bessel also identifies malnourishment as a pan-German issue. Bessel, *Germany 1945*, p. 353.

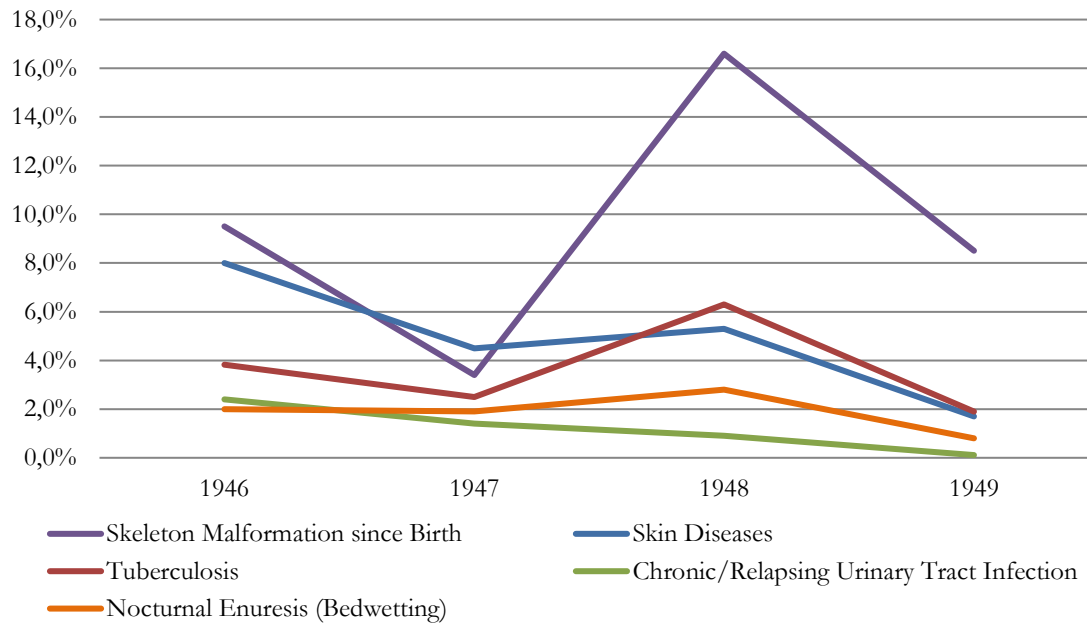
⁶⁰⁸ Elisabeth Lippert and Claudia Keppel, 'Deutsche Kinder in den Jahren 1947 bis 1950: Beitrag zur biologischen und epochalpsychologischen Lebensalterforschung', *Schweizerische Zeitschrift für Psychologie und ihre Anwendungen*, 9 (1950), 212–322. A broader discussion about the foundation of and the people behind the 'Langoog-Study', see Ackermann, 'Das Schweigen der Flüchtlingskinder', p. 442.

⁶⁰⁹ Ackermann, 'Das Schweigen der Flüchtlingskinder', p. 445; Lippert and Keppel, 'Deutsche Kinder in den Jahren 1947 bis 1950', p. 232.

⁶¹⁰ Ackermann, 'Das Schweigen der Flüchtlingskinder', p. 445.

⁶¹¹ Bessel, *Germany 1945*, p. 352.

Figure 14: Occurrence of Selected Diseases or Medical Conditions Among the Pre-School and Primary School Children in Dresden Between 1946 and 1949



Source: 'Jahresbericht 1946': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 51, 53; 'Jahresbericht 1947': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 203, 205; 'Jahresbericht 1948': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 77, 79; 'Jahresbericht 1949': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 98, 101. Percentages were calculated according to the overall number of children examined in each year. Unfortunately, the overall number of children varies greatly and the sections of the forms are not always filled in sufficiently enough to draw broader conclusions.

strong, long winters across Europe, intensifying the scarcity of food and other resources, i.e. coal, urgently needed for heat.⁶¹²

In Figure 14 (p. 208), this hardship is echoed in the progression of the diseases, where skin diseases and tuberculosis show a peak in 1948.⁶¹³ However, as explained in Chapter 3, the renewed wave of infectious diseases was potentially due to the arrival of POWs⁶¹⁴ and expellees from the East.⁶¹⁵ The sharp increase of detected skeleton malfor-

⁶¹² Wierling, *Geboren im Jahr Eins*, p. 61. For the situation in 1945, see Bessel, *Germany 1945*, pp. 353–54.

⁶¹³ The 'Langeoog-Study' came to the same result that children's general weak health condition made them prone to infectious diseases. Ackermann, 'Das Schweigen der Flüchtlingskinder', p. 445.

⁶¹⁴ According to Wierling, in 1948 circa 500,000 POWs returned to the SBZ. Wierling, *Geboren im Jahr Eins*, p. 68.

⁶¹⁵ Also Reinisch illustrates for the situation in Berlin in 1945 that reports identified that the influx of expellees from the East worsened the medical situation drastically, as they were exposed to weather conditions, malnutrition, and diseases along their flight. Reinisch, *The Perils of Peace*, p. 228.

mation among Dresden's children suggests an influx from the outside rather than a development within this city because this category only encompasses deformations since birth and not as a result of rickets.⁶¹⁶ As seen earlier, medical memories and experiences of children regarding their health condition during the war could be much differentiated, depending on their food supply and living conditions. From the starting point of malnutrition and a subsequent weak immune system, the youth were exposed to various contagious diseases: not only tuberculosis or skin conditions, but also diphtheria, scarlet fever, dysentery,⁶¹⁷ meningitis, and polio affected a considerable number of children.⁶¹⁸ For children, infection with these diseases often meant a prolonged stay in a hospital, away from parents or their home.⁶¹⁹ They experienced the cruel realities of the hospital's deficits due to the destruction and general scarcity of, for example, coal and medical equipment.⁶²⁰ The hardships of sickness and starvation were some of the most decisive aspects of the

⁶¹⁶ For the overview and description of diseases for the years 1946 to 1949, see 'Jahresbericht 1946': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 51, 53; 'Jahresbericht 1947': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 203, 205; 'Jahresbericht 1948': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 77, 79; 'Jahresbericht 1949': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 98, 101.

⁶¹⁷ Reinisch describes dysentery as the typical disease of "social disorder and the lack of a functioning hygiene infrastructure". Reinisch, *The Perils of Peace*, p. 295.

⁶¹⁸ For an overview, see 'Jahresstatistik der anzeigepflichtigen übertragbaren Krankheiten in der sowjetischen Besatzungszone für das Jahr 1947, 25. Februar 1948': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 126–127; 'Jahresstatistik der anzeigepflichtigen übertragbaren Krankheiten in der sowjetischen Besatzungszone für das Jahr 1948, 24. Februar 1949': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 1–2; 'Jahresstatistik der anzeigepflichtigen übertragbaren Krankheiten in der sowjetischen Besatzungszone für das Jahr 1949, 23. Dezember 1950': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 83–84.

⁶¹⁹ On the DVJ conference in 1959, A. Loeschke emphasised the potential traumatising effect of hospital stays for children as result of being separated from their parents and home environment. Rolf Castell and others, *Geschichte der Kinder- und Jugendpsychiatrie in Deutschland in den Jahren 1937 bis 1961* (Göttingen: Vandenhoeck & Ruprecht, 2003), p. 146.

⁶²⁰ Numerous reports from Dresden's hospitals reveal the difficulties, which medical personnel and patients endured, especially during the strong winter of 1946/47, in which coal was almost unobtainable. 'Jahresbericht 1947 über das Stadt Krankenhaus Dresden-Plauen, 2. Januar 1948': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 81–82; 'Urologische Klinik, StKh Plauen, Tätigkeitsbericht für das Jahr 1947, 29. Dezember 1947': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 89; 'Infektionskrankenhaus Trachau, 31. Dezember 1947': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 90–91; 'Stadt Krankenhaus-Dresden-Neustadt, 2. Januar 1948': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 94. For the general situation of the healthcare system in postwar Germany, see Bessel, *Germany 1945*, pp. 330–31.

children's overall medical experiences after 1945, with potential consequences for their future quality of life.

According to Ackermann, the 'Langeoog-Study' came to the conclusion that the children "suffered due to the unhygienic living situations; they had no soap, their skin was dirty, encrusted, full of vermin, or infected with scabies".⁶²¹ In line with this statement, the high rate of skin diseases in Figure 14 (p. 208), including impetigo and microspores, points towards this section's second focus, which discusses the lack of hygiene, homelessness, and a potential negligence of children in the transition from war to postwar issues that were not limited to refugees. To set the scene, Leipzig, for example, suffered through bombing an overall loss of 44,000 flats; 90,000 were heavily damaged. This situation determined that the whole of Leipzig's population could not be accommodated in the short term, leaving many of them living on the streets, in temporary shelters, or in confined spaces which they had to share with other families.⁶²² Due to these living conditions, the hygienic standard among the population suffered and increased their vulnerability to infections and diseases.

Dresden was similarly destroyed in the air raids of 13 and 14 February 1945. A report of the city's health officials from August 1948 about their visit to a city shelter for temporarily homeless people—those bombed out or refugees alike—illustrates the comparable circumstances. At this time, the institution housed 748 people, composed of 170 families and 238 children under the age of fourteen.⁶²³ During their inspection, the health

⁶²¹ Ackermann, 'Das Schweigen der Flüchtlingskinder', p. 445; Lippert and Keppel, 'Deutsche Kinder in den Jahren 1947 bis 1950', p. 232.

⁶²² Wierling, *Geboren im Jahr Eins*, p. 61; Bessel, *Germany 1945*, p. 334. Klesse argued in his memorandum from 1946 that the loss of housing was worse than after the First World War and accordingly heightened the rate of depravation among the youth. 'Max Klesse, Über die Beurteilung der Geschlechtskrankheiten und die Maßnahmen zur ihrer Bekämpfung, 26. August 1946': BArch, DQ 1/1610, unpaginated.

⁶²³ 'Niederschrift über die Besichtigung des Städtischen Obdachs, Dresden-N., Altpieschen 9, 16. August 1948': StA DD, Dezernat Sozial und Wohnungswesen, 4.1.10, Nr. 71, Bl. 71.

authorities scrutinised twelve flats within the city shelter, which they found in different conditions:

- 1.) Married couple, 10 children, 17 years to 7 months old, 2 bed wetters, are bombed out, living there for 3 years already. Husband worker, salary RM 180 per month. Flat poor, meagre, but tidy. [...]
- 3.) Married Couple, 9 children, 15 years to 9 months old, 2 bed wetters. Mother and 2 children with psoriasis. Living there for 3 years already. Husband worker, salary RM 40 up to RM 45. Uncleanliness in the flat. Husband keeps to himself, sleeps in the garden arbour.
- 4.) Woman, 47 years old, receives public allowances. Moronic, sterilised, supposedly arranged by the husband. Husband still in captivity, 4 children, 17–13 years old, all pupils with special needs. All meagre, unclean, neglected.
- 5.) Woman, 34 years old, Husband with one boy in the West. Here 2 boys, 13 and 14 years old, both had to repeat a year at school. Mother was not there. Mother has an affair with an 18-year-old. 2 rooms—Inventory: Kitchen: 1 old divan, 1 big table, 1 small table, 1 chair. Bedroom: 2 old beds, only one with mattress and blanket, everything neglected, woman profiteers and gives everything away for a smoke. [...]
- 8.) Married couple, 5 children, 20–14 years old, all pupils with special needs, 2 bed wetters. The children are working, the oldest steals and exchanges everything, was in the mental asylum in Großschweidnitz already. Parents are imbecilic, mother sterilised. Mother has an affair with an asocial who also has intercourse with other women.⁶²⁴

⁶²⁴ “1.) Eheleute, 10 Kinder, 17 Jahr bis 7 Monate, 2 Bettnässer, sind ausgebombt, wohnen 3 Jahre da. Ehemann Arbeiter, verdient monatlich RM 180. Wohnung ärmlich, dürftig, aber ordentlich. [...]
3.) Eheleute, 9 Kinder, 15 Jahre bis 9 Monate, 2 Bettnässer. Mutter und 2 Kinder Schuppenflechte. Wohnt 3 Jahre da. Ehemann Arbeiter, Verdienst wöchentlich RM 40 bis RM 45. Unsauberkeit in der Wohnung. Ehemann sondert sich ab, schläft in der Gartenlaube.
4.) Frau, 47 Jahre alt, bezieht Fürsorgeunterstützung. Debil, sterilisiert, angeblich durch den Ehemann veranlasst. Ehemann noch in Gefangenschaft, 4 Kinder, 17–13 Jahre alt, alle Hilfsschüler. Alles dürftig, unsauber, verwahrlost.
5.) Frau, 34 Jahre alt, Ehemann mit einem Jungen im Westen. Hier 2 Jungen, 13 und 14 Jahre alt, beide sitzengelieben. Mutter war nicht anwesend. Mutter hat ein Verhältnis mit einem 18-jährigen. 2 Räume—Inventar: Küche: 1 alter Diwan, 1 großer Tisch, 1 kleiner Tisch, 1 Stuhl. Schlafraum: 2 alte Betten, nur in einem Matratze und Decke, alles verwahrlost, Frau verschiebt und verbraucht alles. [...]
8.) Eheleute, 5 Kinder, 20–14 Jahre alt, alle Hilfsschule, 2 Bettnässer. Die Kinder verdienen, Älteste stiehlt und vertauscht alles, war schon in der Anstalt in Großschweidnitz. Eltern schwachsinnig, Mutter steril. Mutter Verhältnis mit Asozialem, der noch andere Frauen hat”.

These five examples from the total of twelve inspected flats shed light on the difficult circumstances that adults and children alike endured in adapting to the postwar period. Most of the families lived in cramped conditions, especially considering the high number of children they had to care for. They had to share their beds, which, according to the report, had mostly “inadequate, soiled [blankets and pillows]; bed linen was a rarity”.⁶²⁵ The report illustrates some subsequent diseases—like skin rashes—which most likely derived from the living conditions.⁶²⁶ In general, many of the descriptions in this report provide a glimpse into the complexity of medical memories and experiences that individuals faced in the postwar period. In these five examples alone, two females can be found who were sterilised before 1945—in one case even initiated by the husband. Moreover, the often socially biased diagnosis of being ‘moronic’ or ‘imbecilic’, the stigma attached to marginalised individuals, endured the transition from war to postwar, proving the continuity of medical concepts particularly at the community level. These medical memories, inherent in the enforced health and social interventions, which were derived from socially constructed terminology, became the medical experiences of the stigmatised individuals. Both intervention and the subsequent experiences continued to shape people’s real and perceived identity in the postwar period, and influenced their future.

In this institution, however, not only the flats were neglected, but also the children. In a couple of the cases mentioned above, the adult was, for different reasons, unable to take care of their sons or daughters. Their neglect resulted in a delay in their children’s development.⁶²⁷ For example, in three out of five families, two children suffered from

‘Niederschrift über die Besichtigung des Städtischen Obdachs, Dresden-N., Altpieschen 9, 16. August 1948’: StA DD, Dezernat Sozial und Wohnungswesen, 4.1.10, Nr. 71, Bl. 72–73.

⁶²⁵ Ibid., Bl. 73.

⁶²⁶ ‘Jahresbericht über die Arbeit der Landeszentrale zur Bekämpfung der Geschlechtskrankheiten 1946’: BArch, DQ 1/292, unpaginated.

⁶²⁷ ‘Bestrafung der Eltern bei Vernachlässigung der geschlechtlichen Gesundheit der Schutzbefohlenen, 19. Januar 1946’: BArch, DQ 1/139, Bl. 179. Wilhelm and Zank conclude that mothers, due to their own difficulties in coping with the past, were often unable to take care of their children or could not

nocturnal enuresis. Figure 14 (p. 208) shows that in the first years after the war around 2 to 3 per cent of the examined pre-school and primary school children suffered from bed-wetting.⁶²⁸ Despite being a natural process in a child's development, typically resolved by the age of five, psychological stress—including the diverse war experiences—could lead to a secondary nocturnal enuresis.⁶²⁹ These renewed or prolonged phases of bedwetting are the only indications—if at all—of the impact, war and bombing may have had on children's psyches.⁶³⁰ In the psychiatric sampling, carried out in this homeless shelter shortly after the city official's visit, the report stated that the inmates “for the most part [were] more or less imbeciles, who [were] socially fragile already in normal times and now show[ed] themselves to be particularly incapable of coping with the demands” of the postwar period.⁶³¹ With this argumentation, authorities denied not only the impact of war, bombing, and homelessness on people's psyches, but also the required psychological treatment.

This finding is in line with the general trend in child psychiatry at the time. In 1951, at the first meeting of the newly founded *Deutsche Vereinigung für Jugendpsychiatrie* [German Association for Youth Psychiatry – DVJ], Eckart Förster from the University of Marburg, explained that “the experience of air raids had no pathogenetic influence on the later development of neuroses” in children.⁶³² In general, Förster “rejected the theory that neu-

provide the social support which their son or daughter required. Wilhelm and Zank, ‘Zweiter Weltkrieg und pflegerische Versorgung heute’, p. 4.

⁶²⁸ See Figure 14 (p. 208); ‘Jahresbericht 1946’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 51, 53; ‘Jahresbericht 1947’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 203, 205; ‘Jahresbericht 1948’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 77, 79; ‘Jahresbericht 1949’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 98, 101.

⁶²⁹ Wm Lane M. Robson, ‘Enuresis’, *Medscape*, 2015 <<http://emedicine.medscape.com/article/1014762-overview#a4>> [accessed 5 April 2015]. Ackermann lists in his study nocturnal enuresis as one possible long-term consequence of war. Ackermann, ‘Das Schweigen der Flüchtlingskinder’, p. 446.

⁶³⁰ Bode, *Die vergessene Generation*, pp. 48–50.

⁶³¹ ‘Betr.: Psychiatrische Durchmusterung gefährdeter Familien im Obdachlosenasyl in Altpieschen, 18. August 1948’: StA DD, Dezernat Sozial und Wohnungswesen, 4.1.10, Nr. 71, Bl. 74.

⁶³² A Summary of Förster's paper was published in Castell and others, *Geschichte der Kinder- und Jugendpsychiatrie*, p. 104.

rosis would result from acute psychological childhood traumas”—a judgement which denied the impact of violent experiences on children.⁶³³ Furthermore, the controversial figure of Werner Villinger—who was also involved in the ‘Euthanasia Programme’ *Aktion-T4*⁶³⁴—reported at the DVJ conference in 1954 about his experience in Dresden on 13 and 14 February 1945. According to Villinger, the children that he encountered in the air-raid shelter showed only a “dull resignation”, if anything.⁶³⁵ He attributed their lack of reaction to their socialisation during the Third Reich and that the “psychological resilience” was apparently higher due to the Nazi regime’s culture of heroism.⁶³⁶ Despite the continuity of individuals and the corresponding persistence of medical attitudes from previous political systems—and, in the case of Villinger, even blatant Nazi ideology—he and Förster argue within the realm of contemporary psychological concepts. However, this view prevented children who had been affected by air raids from receiving treatment for their possible traumatic experience and its consequences.

In Dresden’s annual reports, more mental diseases, such as epilepsy, ‘imbecility’, ‘psychopathy’, and ‘moronism’, can be found; most of them represent a socially defined diagnosis rather than a medical explanation. Moreover, only a handful of children were put in these problematic categories, and thus are not significant for the analysis of experiences in this section.⁶³⁷ In general, mental disorders and subsequent treatment, employed in the event of a soldier’s ‘shell-shock’, were usually absent in the civilian statistics utilised in this thesis.⁶³⁸ Only today, as shown in section one, has it been

⁶³³ A Summary of Förster’s paper was published in *ibid.*

⁶³⁴ For a biography of Werner Villinger, see Castell and others, *Geschichte der Kinder- und Jugendpsychiatrie*, pp. 463–80.

⁶³⁵ Quotation of Villinger at the DVJ conference in 1954 is taken from *ibid.*, p. 120.

⁶³⁶ Quotation of Villinger at the DVJ conference in 1954 is taken *ibid.*

⁶³⁷ ‘Jahresbericht 1946’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 3, Bl. 51, 53; ‘Jahresbericht 1947’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 203, 205; ‘Jahresbericht 1948’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 77, 79; ‘Jahresbericht 1949’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 98, 101.

⁶³⁸ In West Germany, the diagnosis of ‘dystrophy’ was established for expellees, who showed psychological disorders. It was the first explanation that analysed exogenous influences on mental health, here in

established that trauma-related disorders could also be caused, for example, by bombing attacks on cities, the street fights at the war's end, and the death of close relatives—like Jürgen's younger brother in this section's opening quotation from Borchert's short story.⁶³⁹ This identified gap in the sources shows, however, that a public or medical platform for contemporaries who were haunted by the images of the past was non-existent; and if there was any treatment, then only for severe and 'socially deviant' cases. Section three of this chapter shows that the state's response towards children, who potentially had psychological disorders, was limited towards their contemporary behaviour that often was the consequence of their past war experiences. Authorities, however, acted according to the leitmotif of 're-socialisation', instead of addressing the potential psychological causes, inflicted upon children by war.⁶⁴⁰

Homelessness, unhygienic conditions, mental distress within the social environment, and their possible neglect were part of children's everyday medical experiences in the postwar period. Families were often forced into poverty due to destruction, flight, and loss, which affected the children as much as the adults who were accustomed to certain wealth and status.⁶⁴¹ However, as mentioned in the first part of this chapter, children were not only passive subjects, but also had some agency during wartime, despite all the hardships listed above. Sometimes, the postwar period became, paradoxically, an

the form of prolonged starvation. In East Germany, this medical concept was, however, absent in the immediate postwar era. For its use and contested definition, see, for example, Goltermann, 'Psychisches Leid und herrschende Lehre', pp. 272–75; Bode, *Die vergessene Generation*, pp. 48–50.

⁶³⁹ See Chapter 4.1; Alice Förster and Birgit Beck, 'Post-Traumatic Stress Disorder and World War II: Can a Psychiatric Concept Help Us Understand Postwar Society?', in *Life after Death: Approaches to a Cultural and Social History of Europe During the 1940s and 1950s*, ed. by Richard Bessel and Dirk Schumann (Cambridge: Cambridge University Press, 2007), pp. 15–36 (p. 20).

⁶⁴⁰ See Chapter 4.3 and Chapter 5.

⁶⁴¹ As comparison, see the West German report from Hannover: 'Der Niedersächsische Minister für Arbeit, Aufbau und Gesundheit, betr. Bekämpfung der Geschlechtskrankheiten (GK), 31. Juli 1948': BArch, DQ 1/292, unpaginated.

adventure, a time of freedom, and mischief: a typical phenomenon during periods of disorder and uncertainty.⁶⁴²

A compelling report from Dresden reveals that larger parts of the youth still roved around in Saxony as late as 1947. The social welfare department urged for state interventions, as “adolescents over 18 years appear[ed] daily in the youth department of the police, whom [officials] encountered without shelter”.⁶⁴³ However, the report continued that the Youth Office (*Jugendamt*) of the city—where the police transferred these young people to in most cases—also did not have space or resources to accommodate them. Therefore, officials were unable to intervene and were compelled to watch adolescents “hang around in disreputable pubs, involuntarily drifting more and more towards black market trading and *Schiebergeschäfte* [illegal profiteering]”.⁶⁴⁴ For officials, the scarcity of housing in war-damaged cities, the loss of parents, family or other legal guardians, the experience of the Nazi dictatorship, and the accompanying lack of an ‘orderly life’ were seen as the causes for children and adolescents becoming ‘strays’ and being ‘neglected’—not their personal war experiences as such.⁶⁴⁵

Authorities feared that roving teenagers—considered to be the future for the nation—would become ‘asocial’ and thus unfit for work. Furthermore, health and state authorities observed unrestrained sexual activity among them, which caused concerns about STDs and procreation, representing an urgent problem for the postwar society.⁶⁴⁶ The last part of this section discusses children’s agency regarding sexual awareness. However, their situation of being homeless and neglected also made them prone to physical and

⁶⁴² See Chapter 4.1. Ackermann, ‘Das Schweigen der Flüchtlingskinder’, p. 455; Evans, *Life Among the Ruins*, p. 45.

⁶⁴³ ‘Fürsorgeheim Leuben, 10. Februar 1947’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 10.

⁶⁴⁴ Ibid.

⁶⁴⁵ The worries of officials about the German youth were spread across the inter-German borders of the occupied zones. Bessel, *Germany 1945*, pp. 328–29.

⁶⁴⁶ See Chapter 3.

emotional violence, and sexual abuse by adults. Therefore, adolescents may have experienced a prolonged suffering from medical conditions, injuries, and diseases such as syphilis and gonorrhoea.

During the Second World War, especially due to the worsening housing situation, overnight stays in overcrowded air raid shelters, long distances travelled on refugee routes, and not least experiencing or observing sexual violence, youth learned about sex and their sexuality at a much earlier age.⁶⁴⁷ In her book about sexuality in the Third Reich, Anna Maria Sigmund cites a report of a mass STD screening at a school, which captured a glimpse into some forms of sexuality amongst young students. The report recounted five boys from the Hitler Youth who raped girls of the same age, of some girls ‘experimenting’ with soldiers, of boys and girls gathering for group sex after roll call, and one ‘catamite [*Lustknabe*], offering himself for money.’⁶⁴⁸ According to Evans, the latter had been especially prevalent in the immediate postwar period. Both underage females and males discovered that prostitution was an easy way to make money in the fight for food and other ‘luxury’ goods—and sometimes just for ‘fun’.⁶⁴⁹ In postwar Dresden the situation was similar. During their visit to the city’s homeless shelter, officials were shocked about the conditions among the youth in this institution. They found 15 girls, between the ages of 16 and 21, suffering from STDs, and remarked that “adolescents [ranging in age from 14 to 18 years] had intercourse up to ten times a day” there.⁶⁵⁰ However, they also stated that “sexual intercourse [amongst adults] had occurred in the presence of children, but [was] eliminated now”.⁶⁵¹ How they stopped this from happening was not specified. Nonetheless, this example suggests that learning about sex at a young age resulted

⁶⁴⁷ Fenemore, ‘The Growing Pains of Sex Education’, p. 72.

⁶⁴⁸ Sigmund, *Das Geschlechtsleben bestimmen wir*, p. 254.

⁶⁴⁹ Evans, *Life Among the Ruins*, p. 133; Jennifer V. Evans, ‘Bahnhof Boys: Policing Male Prostitution in Post-Nazi Berlin’, *Journal of the History of Sexuality*, 12 (2003), 605–36 (p. 607).

⁶⁵⁰ ‘Niederschrift über die Besichtigung des Städtischen Obdachs, 16. August 1948’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 71.

⁶⁵¹ *Ibid.*

in increased sexual activity among adolescents. The question to ask here is whether the adolescents only imitated the behaviour of adults, or whether it was a consequence of their war-inflicted traumatic memories. The latter might have contributed to widespread promiscuity, as shown for war-children today, as well as officials' perception of an 'uninhibited' sexual activity among children.

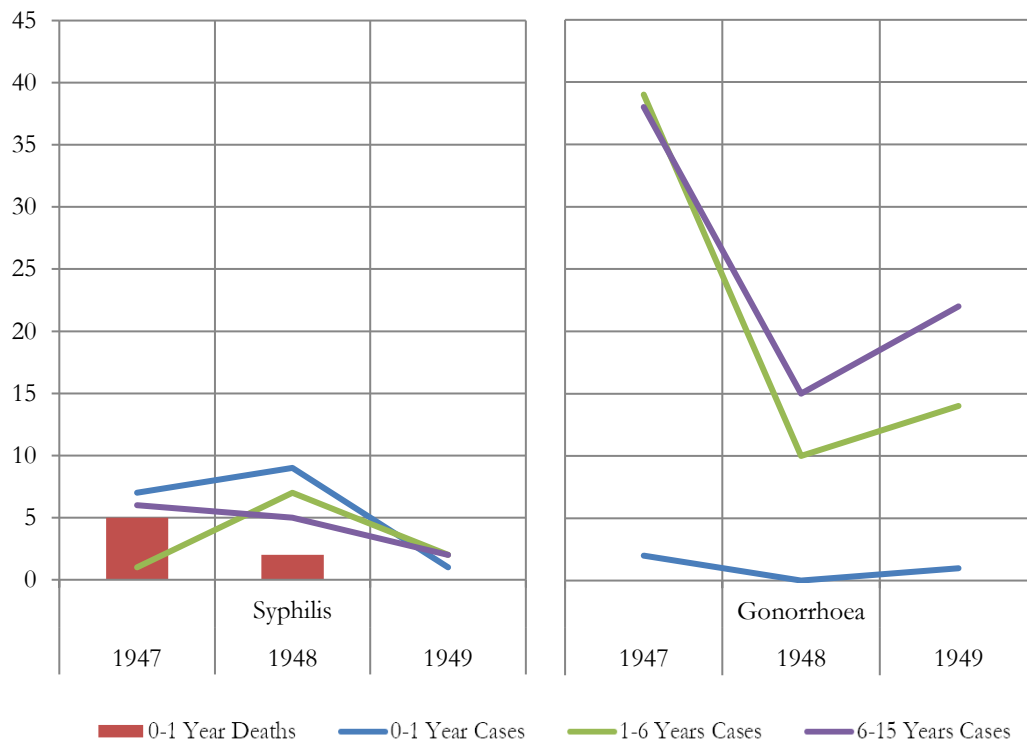
It can be argued that teenagers were more or less conscious about and utilised their sexuality. However, adults also recognised this 'early awakening'. Throughout the chaotic situation in the postwar era, adolescents and children were even more exposed to potential sexual abuse. The disclosure of this uneven relationship often only occurred when children acquired STDs.⁶⁵² Figure 15 (p. 219) shows the distribution of STD cases among different age groups between 1947 and 1949. Unfortunately, the statistics lack the differentiation between infections by birth or due to sexual contact. Nevertheless, on the basis of the evidence, it is most likely that the high numbers of gonorrhoea cases among the 1–6 and 6–15-year-olds either point towards an early sexual activity or an abuse of children.⁶⁵³ As the experience of rape in its various forms—from touching to actual sexual intercourse—impacts the memory, social behaviour, reproduction, and medical condition of the child on multiple levels, it is an insightful example of the complexity that the concept of medical memories and experiences aims to encompass.

Already in December 1939, state officials were investigating the case of a 10-year-old child, who was infected with gonorrhoea. However, their conclusion was that this adolescent possibly infected himself by playing with used condoms, which were apparently

⁶⁵² Evans refers to a case, where a 4-year-old boy developed a STD after he was raped by American soldiers. However, the occupiers never faced prosecution—the boy and his parents had to live with this incidence, without official support. Evans, *Life Among the Ruins*, pp. 76–77.

⁶⁵³ See Chapter 3.1.

Figure 15: Infections with and Death due to Syphilis and Gonorrhoea Among the 0- to 1-, 1- to 6-, and 6- to 15-Year-Old Children in Dresden Between 1947 and 1949.



Sources: 'Jahresstatistik der anzeigepflichtigen übertragbaren Krankheiten in der sowjetischen Besatzungszone für das Jahr 1947, 25. Februar 1948': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 4, Bl. 126–127; Jahresstatistik der anzeigepflichtigen übertragbaren Krankheiten in der sowjetischen Besatzungszone für das Jahr 1948, 24. Februar 1949': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 1–2; Jahresstatistik der anzeigepflichtigen übertragbaren Krankheiten in der sowjetischen Besatzungszone für das Jahr 1949, 23. Dezember 1950': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 5, Bl. 83–84.

spread around the forest edges of the city; a situation which authorities strongly criticised.⁶⁵⁴ This case illustrates that views on the transmission of the STD differed significantly compared to today's medical knowledge. Contemporaries ascribed the use of the same toilet, bed sheet, cup, or plate as possible sources of infection.⁶⁵⁵ Even by acknowledging the poor hygienic standards in war and postwar times, a transmission of syphilis or gonorrhoea could hardly occur through these sources. For example, gonococci have a very specific, small-ranging temperature tolerance, resulting in the fact that any exposure

⁶⁵⁴ 'Stadtpolizeidirektion Dresden, Gesundheitliche Gefährdung von Kindern durch umherliegende Schutzmittel im öffentlichen Verkehrsraum, 14. Dezember 1939': StA DD, Wohlfahrtspolizeiamt, 2.3.27, Nr. 31, Bl. 57.

⁶⁵⁵ 'Allgemeine Aufklärung über Geschlechtskrankheiten': BArch, DQ 1/292, unpaginated.

to a different environment, like the toilet seat, would cause their immediate death. For both syphilis and gonorrhoea, a sexual-like interaction—a direct contact with mucosae for so-called ‘smear infections’—is necessary.⁶⁵⁶ However, due to this different understanding, violent sexual experiences of children could be hidden and silenced—especially when official statements supported these beliefs. Therefore, the case of the 10-year-old child illustrates that children were not only exposed to rape by occupying powers but also—if not more so—molested by compatriots, who exploited the chaotic conditions of the war and postwar era. However, this aspect of sexual abuse during and after the Second World War has often been neglected in historiography. The violence, exercised by the arriving Red Army in Germany—which had previously suffered disproportionately at the hands of German forces—remained deeply engraved in the German consciousness. This finding also contradicts the recurring claims that sexual violence was a taboo topic in postwar and contemporary Germany.⁶⁵⁷

In conclusion, these examples indicate that minors often shared not only the traumatic experience of, but also a complicated suffering with, STDs, similar to their older contemporaries. Harmful medical memories and experiences should have inhibited children’s development and thus inevitably put them under health and social authorities’ strict monitoring systems. However, the state did not treat their trauma, but solely targeted children’s ‘socially deviant behaviour’, derived from the war experiences.⁶⁵⁸ The result was

⁶⁵⁶ ‘Tripper (Gonorrhoe), [Without date]’: BArch, DQ 1/991, Bl. 102. For a general overview of how syphilis and gonorrhoea is spread, see ‘Syphilis’, *NHS*, 2016 <<http://www.nhs.uk/conditions/Syphilis/Pages/Introduction.aspx>> [accessed 9 April 2016]; ‘Gonorrhoea’, *NHS*, 2016 <<http://www.nhs.uk/Conditions/Gonorrhoea/Pages/Introduction.aspx>> [accessed 9 April 2016].

⁶⁵⁷ For further discussions of the issue and occurrence of women raped by Soviet soldiers, see Norman Naimark, *The Russians in Germany: A History of the Soviet Zone of Occupation, 1945–1949* (Cambridge, M.A.: The Belknap Press, 1995), chap. 2; Atina Grossmann, ‘A Question of Silence: The Rape of German Women by Occupation Soldiers’, *October*, 72 (1995), 42–63.

⁶⁵⁸ These views about traumatic experiences and their consequences represent a continuity from Wilhelmina Germany. Lerner, ‘Psychiatry and Casualties of War’, p. 15.

that adolescents were caught in the social hygienic cycle of ‘re-education’ by incarceration and institutionalisation into workhouses.⁶⁵⁹

On the 7 November 1946, a citizen appeared at Dresden’s Head Health Administration to report upon the conditions in the house he lived in, and especially of one family and its 6-year-old son: “[t]he boy is frail, suffers from spinal polio and scabies. He already squeezes out the abscesses and is unclean. [...] The father of the child is very harsh; he beats the frail boy often without just cause”.⁶⁶⁰ Unfortunately, it was not possible to follow up the outcome of this report and to verify the claims of this citizen. However, assuming the description is correct, it shows one of the possible combinations of medical memories and experiences, discussed above, which children faced during the war and postwar era. Here, a boy not only lived in a confined space among other families, which had to share one bathroom, but he also suffered from the unhygienic conditions, caught polio and scabies, as well as having to fear a violent father.⁶⁶¹ As shown in this section, medical experiences included death, loss, malnourishment, disease, treatment, violence, and neglect in the postwar era. However, only the external, visible scars of the war were treated; the internal, psychological scars in the form of (medical) memories were hardly addressed by health officials and doctors. The consequences of this unevenly distributed treatment cannot be detected retrospectively.⁶⁶² Nevertheless, the identified complex war experiences of children had an impact on their postwar behaviour, which was often perceived as ‘social and sexual deviance’ by authorities. Consequently, children became the target of the state and medical profession who pathologised their social behaviour: they called them the ‘depraved youth’.

⁶⁵⁹ See Chapter 4.3 and 4.4.

⁶⁶⁰ ‘Niederschrift, 7. November 1946’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 2, Bl. 280.

⁶⁶¹ Ibid.

⁶⁶² For a different view on the use of traumatic experiences of the past and its conclusions for postwar society, see Förster and Beck, ‘Post-Traumatic Stress Disorder’.

4.3 ‘A Youth Depraved’: The State and Medical Profession’s Response to the Postwar Youth’s Social Behaviour

*The low [moral] standard among these people is so significant that Miss [Meier] and all other people interested in the elimination of these conditions [...] expressed the urgent desire that this cancerous ulcer of society will be wiped out once and for all.*⁶⁶³

*Note about the Visit of State Health Authorities
in a Leipzig District, 1949*

The report about a Leipzig district in 1949 bears witness to the persistence of eugenic terminology, and its integration into social hygienic concepts after the Second World War. Health officials observed that, “already among teenagers, pronounced youth gangs [were] created. Sex offenders, people who are guilty of blood disgrace [incest], thieves, burglars, dealers, profiteers, slackers [were] living here together”, and thus drew a dark picture of the moral attitudes among the families in this neighbourhood.⁶⁶⁴ From this statement and the above quotation, authorities concluded that these families should be dissolved. The adults would be referred to workhouses and their children into orphanages or care homes, as “they [were] only endangered by such parents”.⁶⁶⁵ This suggestion ultimately meant a forceful separation of children from their families and thus represented an intrusion into the people’s private sphere. Nevertheless, postwar East Germany saw itself compelled to react with rather harsh measures to the rise of criminality, delinquency, and prostitution—

⁶⁶³ “Der Tiefstand dieser Menschen ist so gross, dass sowohl Frau [Meier] als auch alle anderen and der Beseitigung dieser Zustände interessierten Personen [...] den dringenden Wunsch haben, dass dieses Krebsgeschwür an der Gesellschaft endgültig beseitigt wird”. ‘Aktenvermerk über die Dienstreise nach Dresden, Leipzig, Freiberg, Chemnitz (Land Sachsen) in der Zeit vom 12. bis einschließlich 16. Dezember 1949’: BArch, DQ 1/20626, unpaginated.

⁶⁶⁴ Ibid.

⁶⁶⁵ Ibid.

especially among children—which was also prevalent in the West Zone.⁶⁶⁶ The quoted report from Leipzig is only one example of many, supporting the hypothesis that the state and the medical profession established a narrative, which mainly targeted the consequences rather than the causes of delinquency and oppositional behaviour that potentially had its origins in children’s war and postwar experiences. On the one hand, the state saw delinquent behaviour as an ‘abnormality’ that needed to be corrected. On the other, however, the delinquent child was viewed as resisting the reconstruction of East Germany, and thus in opposition to the socialist idea. To explain children’s misconduct, state authorities utilised and restored social hygienic, as well as eugenic, concepts and language to underpin their paternalistic approach towards youth deviance and defiance. The inherent legacy in these arguments is another questionable continuity of medical memories and experiences from the Third Reich and the Weimar Republic into postwar East Germany.

As in the previous section, a major methodological issue for this analysis are the prejudiced accounts about the youth’s behaviour in the postwar era. Negative and extraordinary cases drew the attention of the state, whereas people’s ‘normal’ and ‘opportunistic’ conduct was rarely reported. However, the utilisation of a vast number of archival sources, especially from the City Archives in Dresden and Leipzig, enables this thesis to qualify and to contextualise the reports. In general, this thesis shows that children, after being exposed to the war and postwar situation, were also confronted with the subsequent medical memories and experiences inflicted on them by authorities and doctors. Both pathologised and stigmatised teenagers’ behaviour and introduced corresponding policies and penalties. For the youth generation, however, it is important to acknowledge that, according to Michael Buddrus, 1945 already represented a significant rupture with their

⁶⁶⁶ For a comparison with the West Zone, see ‘Der Niedersächsische Minister für Arbeit, Aufbau und Gesundheit, betr. Bekämpfung der Geschlechtskrankheiten (GK), 31. Juli 1948’: BArch, DQ 1/292, unpaginated.

socialisation, childhood, and belief system, acquired during the Third Reich. The consequence was “a profound sense of shock, betrayal and uprooting” among adolescents, influencing their social behaviour, coping strategies, and conclusions for the future in the postwar era.⁶⁶⁷ Therefore, the survival of children’s pre-1945 medical memories and experiences in their minds, language, and actions embodies another inherent continuity. This section addresses this issue of continuity and rupture among adolescents, as well as analyses the subsequent narrative of the state and the medical profession, which was perpetuated as a reaction to the perceived ‘depraved’ or ‘wayward’ youth. The focus of the following is limited to the phenomena of ‘social and sexual deviance’, using the previously discussed war and postwar experiences of young people as the starting point of the analysis.⁶⁶⁸

Max Klesse, the Head of the STD Department at the DZVGW, complained in August 1946 that “[i]n this area [referring to the youth], the twelve years of Nazi domination have thrown all psychological inhibitions overboard”. He continued that “[o]nly gradually, the youth will be taught the fundamentals of hygiene, the respect of their fellow men, and the cultivation of their personality again, without which a cultural nation cannot fulfil its tasks”.⁶⁶⁹ According to Klesse’s statement, ‘social deviance’ of the youth was the

⁶⁶⁷ Michael Buddrus, ‘A Generation Twice Betrayed: Youth Policy in the Transition from the Third Reich to the Soviet Zone of Occupation (1945–1946)’, in *Generations in Conflict: Youth Revolt and Generation Formation in Germany 1770–1968*, ed. by Mark Roseman (Cambridge: Cambridge University Press, 1995), pp. 247–68 (p. 249). For another discussion of the HJ youth in the postwar era and its coping strategies in form of a ‘community of silence’, see Alexander von Plato, ‘The Hitler Youth Generation and its Role in the Two Post-War German States’, in *Generations in Conflict: Youth Revolt and Generation Formation in Germany 1770–1968*, ed. by Mark Roseman (Cambridge: Cambridge University Press, 1995), pp. 210–26 (p. 220). In his discussion of Helmut Schelsky’s book about the *Skeptische Generation* [Sceptical Generation] from 1957, Franz-Werner Kersting also identifies the continuity in the minds of the youth, which Schelsky neglected: terms like democracy had only negative connotations due to children’s socialisation in HJ or BDM. Franz-Werner Kersting, ‘Helmut Schelsky’s “Skeptische Generation” von 1957: Zur Publikations- und Wirkungsgeschichte eines Standardwerkes’, *Vierteljahrshefte für Zeitgeschichte*, 50 (2002), 465–96 (pp. 467, 489).

⁶⁶⁸ See Chapter 4.2.

⁶⁶⁹ ‘Max Klesse, Über die Beurteilung der Geschlechtskrankheiten und die Maßnahmen zur ihrer Bekämpfung, 26. August 1946’: BArch, DQ 1/1610, unpaginated.

outcome of the Third Reich and its socialisation practices in HJ, BDM, and the drill towards the war. As a result, the ‘depraved’ youth, composed of children and adolescents roving around, parentless, or homeless, were in danger of becoming delinquents and ‘asocials’ due to this criminal past. Therefore, they were seen as inhibiting the nation’s goals, and thus became its target for reforms.⁶⁷⁰ In the following, the state and medical profession’s narrative about the causes for ‘social deviance’ among the youth is analysed and put in the context of the general development of psychological understanding in the post-war era in Germany.

In 1954, Gerhard Göllnitz who later became an eminent GDR professor of child psychiatry at the University of Rostock presented a paper at the—still pan-German—DVJ conference in Essen that dealt with the question: “Which children are especially affected by War and Postwar Damage?” During his talk, Göllnitz discussed the findings from his study of 600 children with ‘abnormal’ behaviour, which he compared with a control group of 300 ‘normal’ ones. His conclusion was that the “crisis-related snowballing of negligence, criminality, and abnormal reactions [...] [was] almost restricted to such environmentally fragile and partly retarded children and adolescents, whose development has been impaired by early childhood damage to the brain”.⁶⁷¹ Göllnitz’s statement illustrates two important points for the postwar understanding of mental health: firstly, ‘social deviance’ had to have an organic cause⁶⁷² and, secondly, was limited to children who were genetically prone to ‘asocial’ behaviour independent of war and postwar related experiences. Additionally, the previously mentioned West German psychiatrist Förster claimed

⁶⁷⁰ For a report about the situation among the youth in Dresden, see ‘Fürsorgeheim Leuben, 10. Februar 1947’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 10. Evans, *Life Among the Ruins*, p. 190.

⁶⁷¹ Quotation taken from Castell and others, *Geschichte der Kinder- und Jugendpsychiatrie*, p. 126.

⁶⁷² In her analysis, Goltermann points towards the development of the medical understanding due to the influx of expellees in postwar West Germany that malnutrition and starvation caused major organic damage which potentially resulted in ‘social deviance’. Their diagnosis for these symptoms was dystrophy. Goltermann, ‘Psychisches Leid und herrschende Lehre’, p. 272.

at the same conference that a “spontaneous improvement [of their mental health, M.W.] [was] absent only among a small part” of the youth.⁶⁷³ In this regard, he continued, “no significant difference” was registered between war and non-war children.⁶⁷⁴ With these assumptions, both Förster and Göllnitz denied the uniqueness of wartime for children’s development from the psychological perspective. The mentality prevalent in these statements is in line with Goltermann’s study, in which she revealed that the general doctrine in West Germany was that neuroses had purely endogenous causes, representing a continuity of eugenic scholarship within the medical profession across the occupied zones.⁶⁷⁵

In contrast to the view of the quoted psychiatrists, East German state and health officials’ judgement about the causes of ‘social deviance’ appeared more differentiated. Like Klesse, authorities rather stressed the importance of the environment in which children were raised—an inherently social hygienic approach.⁶⁷⁶ In this view, the milieu, the war situation, and “that many of these people grew up without any love” were decisive for their social conduct.⁶⁷⁷ Even Erich Honecker, who with support from Soviet leader Leonid Brezhnev overthrew Walter Ulbricht as the First Secretary of the Central Committee of the SED in 1971, had declared in 1945 that the “German youth [went] through the criminal school of Adolf Hitler” and was “misused for acts of shame”.⁶⁷⁸ Between the lines of such an explanation, the narrative of victimhood can be identified.

⁶⁷³ Castell and others, *Geschichte der Kinder- und Jugendpsychiatrie*, p. 118.

⁶⁷⁴ Ibid.

⁶⁷⁵ Some psychiatrists started to question this purely endogenous model and to dedicate their studies onto exogenous influences (for example, for the diagnosis dystrophy), including war, imprisonment, and Holocaust. However, as Goltermann shows, a broader change in the common doctrine did not occur until the late 1950s and the beginning of the 1960s and was mostly driven by changes in the state and compensation law. Goltermann, ‘Psychisches Leid und herrschende Lehre’, pp. 265–69.

⁶⁷⁶ For an overview of the development of social hygiene and its language in the late nineteenth century, as well as the continuity into postwar East Germany, see Moser, *Im Interesse der Volksgesundheit ...*, pp. 42–67, 152, 165, 207.

⁶⁷⁷ ‘Aktenvermerk über die Dienstreise nach Dresden, Leipzig, Freiberg, Chemnitz (Land Sachsen) in der Zeit vom 12. bis einschließlich 16. Dezember 1949’: BArch, DQ 1/20626, unpaginated. Evans also identifies the continuity of mentalities and medical or social concepts regarding the youth from previous political systems. Evans, *Life Among the Ruins*, p. 145.

⁶⁷⁸ Quotation taken from Buddrus, ‘A Generation Twice Betrayed’, p. 255.

As a socialist state in the making, the clear demarcation from the previous political system was essential: a strategy for accommodating a society composed of nominal members and bystanders during the Third Reich, and ultimately turning them into an ‘anti-Fascist’ nation.⁶⁷⁹ Therefore, for the vast majority of cases of ‘social deviance’, the state often used the Nazi period as a scapegoat and implicitly denied people’s agency. Therefore, as seen in Chapter 2, for the medical profession in particular, East Germany offered its population an alternative narrative, buying into their feelings, playing to their desire to ‘forget the past’, looking towards the future, and, simultaneously, underpinning its legitimacy as an ‘anti-Fascist’ state.⁶⁸⁰ Below the surface of ideological claims, though, this model, driven by the predicaments, negotiation, and pragmatism of the postwar years, provided the precondition for the survival of xenophobia, Nationalism, and Fascism under the cloak of Socialism.⁶⁸¹

⁶⁷⁹ Similar strategies can be identified in the narrative of the Dresden air raids, which the East German state quickly condemned as crimes against humanity, thereby serving the general mood among these cities and the general population for legitimization purposes. Important insights into the debates surrounding the bombing of German cities, especially of Dresden, as well as its narrative and commemoration in the past and present were given by Elizabeth A. Ten Dyke, *Dresden: Paradoxes of Memory in History* (Abingdon: Routledge, 2001); Jörg Echterkamp, ‘Von der Gewalterfahrung zu Kriegserinnerung: Über den Bombenkrieg als Thema einer Geschichte der deutschen Kriegsgesellschaft’, in *Deutschland im Luftkrieg*, ed. by Dietmar Süß (Munich: Oldenbourg, 2007), pp. 13–25; Stefan Goebel, ‘Coventry und Dresden: Transnationale Netzwerke der Erinnerung in den 1950er und 1960er Jahren’, in *Deutschland im Luftkrieg*, ed. by Dietmar Süß (Munich: Oldenbourg, 2007), pp. 111–20; *Cities into Battlefields: Metropolitan Scenarios, Experiences, and Commemorations of Total War*, ed. by Stefan Goebel and Derek Keene (Farnham: Ashgate, 2011); Bill Niven, ‘The GDR and Memory of the Bombing of Dresden’, in *Germans as Victims: Remembering the Past in Contemporary Germany* (Houndmills: Palgrave Macmillan, 2006), pp. 109–29; Mary Nolan, ‘Germans as Victims During the Second World War: Air Wars, Memory Wars’, *Central European History*, 38 (2005), 7–40.

⁶⁸⁰ See Chapter 2 and 4.4. For further work on anti-Fascism as legitimization strategy of the GDR, see Beattie, *Playing Politics with History*, chap. 3,5; Dan Diner and Christian Gundermann, ‘On the Ideology of Antifascism’, *New German Critique*, 67 (1996), 123–32; Siobhan Kattago, *Ambiguous Memory: The Nazi Past and German National Identity* (Westport, C.T.: Praeger, 2001), chap. 4; Ingo Loose, ‘The Anti-Fascist Myth of the German Democratic Republic and Its Decline After 1989’, in *Past in the Making: Historical Revisionism in Central Europe After 1989*, ed. by Michal Kopecek (Budapest: Central European University Press, 2008), pp. 59–71; Josie McLellan, *Antifascism and Memory in East Germany: Remembering the International Brigades 1945–1989* (Oxford: Clarendon, 2004); Torpey, *Intellectuals, Socialism, and Dissent*, pp. 135–39.

⁶⁸¹ For examples of studies who examine the survival and rise of xenophobia in East Germany in particular, see Jan C. Behrends and Patrice G. Poutrus, ‘Xenophobia in the Former GDR: Explorations and Explanation from a Historical Perspective’, in *Nationalisms Across the Globe. An Overview of Nationalisms in State-Endowed and Stateless Nations. Volume 1: Europe*, ed. by Wojciech Burszta, Tomasz Dominik Kamusella, and Sebastian Wojciechowski (Poznań: Wyższa Szkoła Nauk Humanistycznych i Dziennikarstwa, 2005), pp. 155–70; Feiwel Kupferberg, *The Rise and Fall of the German Democratic Republic* (New Brunswick: Transaction, 2002), chap. 8; *Antisemitism and Xenophobia in Germany After*

In general, for both the state and medical profession, the most noteworthy influence on children's public behaviour was their home. Continuing the opening report about the quarter in Leipzig from 1949, health authorities observed that, after children were separated from their 'imbecilic' parents, they would "develop to their benefit significantly after only little time".⁶⁸² The problem was, however, children's age. In their view, "the older the children [were], the more difficult [the re-socialisation, M.W.] and the larger the characteristics of their environment loom[ed]".⁶⁸³ Therefore, the state determined that to prevent delinquency the duration of negative socialisation needed to be minimised—and thus legitimised their socially intrusive actions with contemporary medical knowledge. According to the health officials, this issue was especially urgent, as the outcome of a 'wrong' upbringing endangered other adolescents if influenced by the 'deviant' child in school and kindergarten.⁶⁸⁴ The West German psychiatrist Villinger—who subscribed to the Nazi ideology—argued similarly, emphasising children's socialisation during the Third Reich as a cause for the observed "mass negligence [...] and the tremendous rise of youth criminality".⁶⁸⁵ The West German paediatricians Bossert and Bleckmann followed Villinger and described "war as symptom and consequence of a general development" of

Unification, ed. by Hermann Kurthen, Werner Bergmann, and Rainer Erb (Oxford: Oxford University Press, 1997); Anna Saunders, *Honecker's Children: Youth and Patriotism in East(ern) Germany, 1979–2002* (Manchester: Manchester University Press, 2007), pp. 180–84; Jonathan R. Zatlín, 'Scarcity and Resentment: Economic Sources of Xenophobia in the GDR, 1971–1989', *Central European History*, 40 (2007), 683–720. Evans provides an insight into the persistence of this mentality until to the end of the GDR, when, despite official declarations, homophobia was still present and conflated with Nazi terminology and views. Jennifer V. Evans, 'Decriminalization, Seduction, and "Unnatural Desire" in East Germany', *Feminist Studies*, 36 (2010), 553–77 (pp. 563–64).

⁶⁸² 'Aktenvermerk über die Dienstreise nach Dresden, Leipzig, Freiberg, Chemnitz (Land Sachsen) in der Zeit vom 12. bis einschließlich 16. Dezember 1949': BArch, DQ 1/20626, unpaginated.

⁶⁸³ Ibid.

⁶⁸⁴ 'Aktenvermerk über die Dienstreise nach Dresden, Leipzig, Freiberg, Chemnitz (Land Sachsen) in der Zeit vom 12. bis einschließlich 16. Dezember 1949': BArch, DQ 1/20626, unpaginated. For recent scholarship, see Ruth Seydlitz and Pamela Jenkins, 'The Influence of Families, Friends, Schools, and Community on Delinquent Behavior', in *Delinquent Violent Youth: Theory and Interventions*, ed. by Thomas P. Gullotta, Gerald R. Adams, and Raymond Montemayor (Thousand Oaks: Sage, 1998), pp. 53–97.

⁶⁸⁵ Castell and others, pp. 119–20, here 120.

society—and thus again denied a direct dependency between war experience and children’s behaviour or mental disorder.⁶⁸⁶ Consequently, the state and medical profession laid blame on both parents and the social environment, which excused children’s ‘social deviance’ in general: not least because they were seen as the future and hope of the new socialist nation. The logical result of these views was that the state took drastic measures to implement their social hygienic concepts by separating the child from negative influences, meaning in this case, from its parents and the accustomed environment.

A health authority stated during a meeting in December 1949 that “[t]hese are no families [...] but criminal hideouts”.⁶⁸⁷ This evaluation shows that the official tone changed quickly as soon as somebody was not only seen as ‘deviant’, but also as ‘asocial’—two very blurred and overused terms, which depended on the contemporary context and the writer’s individual predisposition.⁶⁸⁸ Continuing the report from the meeting in 1949, health authorities followed the terminology and urged that “a clear distinction need[ed] to take place between criminal elements and people who [were] the product of societal development”.⁶⁸⁹ This expressed opinion indicates how the East German state denied ‘asocials’ the status of being human: these ‘elements’ of society were seen as unchangeable in their ‘deviant behaviour’, and thus a burden to the nation. Authorities distinguished between individuals who were ‘lost’—the ‘incorrigibles’⁶⁹⁰—and people who, through intervention, could be educated and brought back to a ‘normal life’—and for the most part,

⁶⁸⁶ Castell and others, pp. 121–22, here 122.

⁶⁸⁷ ‘Aktenvermerk über die Arbeitsbesprechung in Dresden – Leuben, 28. Dezember 1949’: BArch, DQ 1/20626, unpaginated.

⁶⁸⁸ Due to the politicised nature and the dependency on the individual context of the term ‘asocial’ throughout history, a clear and general definition is almost impossible. From the postwar East German perspective, the term ‘asocial’ describes the extreme forms of deviance that were pathologised and stigmatised by authorities and society.

⁶⁸⁹ ‘Aktenvermerk über die Arbeitsbesprechung in Dresden – Leuben, 28. Dezember 1949’: BArch, DQ 1/20626, unpaginated.

⁶⁹⁰ See Chapter 5. In recent book, Greg Eghigian explores the treatment of convicts and sexual offenders—the ‘corrigible’ and the ‘incorrigible’—in the Third Reich, GDR, and the FRG. Greg Eghigian, *The Corrigible and the Incorrigible: Science, Medicine, and the Convict in Twentieth-Century Germany* (Ann Arbor, M.I.: University of Michigan Press, 2015).

children were placed with the latter. This separation of the uprooted majority from the ‘asocial’ minority also features in the report about a district in Leipzig from 1949. Here, authorities underlined the notion of environmental influences, but also inherited, inter-generational characteristics among the youth of ‘asocials’:

The *Geburtenfreudigkeit* [avid procreation] amongst these people is extraordinary. [...] Their children are taught to beg and instructed to steal already at an early stage. Children’s food ration cards are bartered away. Therefore, their abundance of children is a business for them. They are not aware of the responsibilities of having children. In this environment, these [children, M.W.] can only become criminals.⁶⁹¹

This statement was written in a reproachful tone and shows no empathy with the situation of the people and their children in the postwar period. Authorities described childbearing as a business for the poor and ‘asocial’, which represents another continuity in language and narrative within the realm of medical memories and experiences, reaching back into the nineteenth century.⁶⁹² Moreover, it is recognisable that the state described the family situation among ‘asocials’ as a transgenerational cycle: genetics and socialisation transferred ‘asocial’ behaviour onto the children. This transmission of ‘social deviance’ underlined for authorities the necessity to break this causal chain with a paternalistic approach.

In summary, the state and medical profession’s narrative had two explanations for ‘social deviance’ in the form of youth negligence and criminality. Firstly, the social environment was seen as a potentially negative influence on the socialisation of children—

⁶⁹¹ “Die Geburtenfreudigkeit dieser Menschen ist ausserordentlich gross. [...]. Die Kinder werden zum Betteln erzogen und schon frühzeitig zu Diebstählen angehalten. Die Lebensmittelkarten der Kinder werden verschachert. Ihr Kinderreichtum ist für sie also ein Geschäft. Sie sind sich der Verantwortung, Kinder zu haben, garnicht bewusst. Diese können in dieser Umgebung nur zu Verbrechern werden”. ‘Aktenvermerk über die Dienstreise nach Dresden, Leipzig, Freiberg, Chemnitz (Land Sachsen) in der Zeit vom 12. bis einschließlich 16. Dezember 1949’: BArch, DQ 1/20626, unpaginated.

⁶⁹² The continuity of language, concepts, mentality, and traditions from the nineteenth century into post-war East Germany, was exposed by Moser, *Im Interesse der Volksgesundheit ...*, pp. 152, 154, 165, 207.

representing the social hygienic standpoint. Secondly, officials viewed ‘asocial’ adolescents not only as a product of their surroundings, but also that they inherited their ‘spoiled’ personality from their parents—the eugenic explanation of ‘social deviance’. Both combined were a ‘medicalised social hygiene’, which was, according to Harsch and Moser, prevalent in East Germany during the late 1940s and 1950s. However, this study underlines the continuation of eugenic and social definitions of deviance from the Third Reich.⁶⁹³ In the social hygienic view, the solution was the creation of care homes, in which the neglected children of ‘asocial’ parents and the ‘asocial’ youth itself should be gathered to be re-educated and re-socialised, as well as taken off the streets and locked away from the public sphere.⁶⁹⁴ Conversely, this meant that the state abandoned the parents, who were seen as the main cause for ‘social deviance’, but irretrievably ‘lost’ for the new society. Authorities directed all their policies towards children. Consequently, the youth were the ones who faced separation from their parents and life in a care home, and thus became the guinea pigs for the influencing and engineering of a new personality, society, and a socialist country.⁶⁹⁵ The narrative of the state and the medical profession had a direct impact on the medical memories and experiences of children, which was not only limited to their social, but also their ‘sexually deviant and defiant behaviour’.

After utilising care homes as a solution, officials quickly complained that it was inappropriate if “sexual *Haltlose* [promiscuous] [were] put together so closely—regarding spatial environment—with the endangered youth who [were] in need of an intensified education”.⁶⁹⁶ ‘Socially and sexually deviant’ people were often in one and the same institution—a fact which faced constant criticism, but was a necessity due to the housing

⁶⁹³ Harsch, ‘Medicalized Social Hygiene?’, pp. 394–95, 421–23; Moser, ‘*Im Interesse der Volksgesundheit ...*’, p. 207.

⁶⁹⁴ See Chapter 5.

⁶⁹⁵ Buddrus, ‘A Generation Twice Betrayed’, p. 252.

⁶⁹⁶ ‘An die Landesregierung, Ministerium für Arbeit und Sozialfürsorge, 17. Mai 1947’: StA DD, Fürsorgeamt, 2.3.15, AV I/ Nr. 647, Bl. 108.

situation in postwar Dresden.⁶⁹⁷ Consequently, ‘sexual deviance’ needs to be examined separately to capture more facets of children’s behaviour and agency during this period, as well as the state efforts to enforce ‘normal’ relationships. After a general introduction to children’s ‘promiscuity’ this section exemplifies this claim with the examples of homosexuality and prostitution among the youth in the postwar era.

For one case in the list of people who were under the scrutiny of Dresden’s Social Welfare Department, officials stated that “[t]he Patient [Maria Kunze⁶⁹⁸], 16 years old, divorced, one child, has itemised eleven [sexual] partners alone. This [Maria Kunze] is, of course, without a job and was self-evidently put onto the hwG list”.⁶⁹⁹ The exceptional nature of Maria Kunze’s case should not obscure the subliminal condemnation in the official statement that was applied to women with ‘frequent promiscuous behaviour’ in general, as identified in Chapter 3. For the East German state, an unemployed girl almost equalled a ‘clandestine’ prostitute, a potential transmitter of STDs, and thus an ‘asocial’. Therefore, for sexual, as well as for social, ‘deviance’, the ‘asocial’ definition was conflated with both eugenic and social hygienic concepts of the past.⁷⁰⁰ This fact is proven by another report from 1957 which still used the Nazi terminology of *Blutschande* [blood disgrace] when describing a case of incest and transmission of gonorrhoea between a father and his daughter. However, officials were only pointing towards the fact that the

⁶⁹⁷ For another complaint about the situation in the Care Home in Dresden, see ‘Fürsorgeheim Leuben, 10. Februar 1947’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 10.

⁶⁹⁸ The name was made anonymous due to public and archival restrictions. Therefore, the fictitious name Maria Kunze will be used to enhance comprehension in the following.

⁶⁹⁹ ‘Protokoll über ein Besuch im Kreisambulatorium Zwickau/Sa., am 15. Dezember 1955’: BArch, DQ 1/4436, unpaginated.

⁷⁰⁰ Evans also stresses the survival of eugenics in science and academia in the postwar period. Evans, ‘Decriminalization, Seduction, and Unnatural Desire’, pp. 570–71.

girl infected her father, proving her delinquency, instead of questioning if the sexual intercourse was abusive or consensual.⁷⁰¹ Nevertheless, according to the files, promiscuity—as defined by contemporary officials—was a widespread phenomenon among the youth and was not limited to female adolescents. The discovering of their sexual desires and its ‘enjoyment’ was thus a constant health and social target of both the East and West German state.⁷⁰² Their concerns were driven by the high rates of STDs, especially among teenagers, and the endangered image of femininity and masculinity in the postwar era, which led authorities to introduce harsh measures also in this field.⁷⁰³

Due to the renewed peak of diseases in general and STDs in particular during the influx of refugees from the East, the state Saxony introduced a law in 1947, which was supposed to contain the epidemic. They determined that men from 18 to 55 years and women from 16 to 45 years only receive their food ration cards for the second period under one condition: they needed to provide the confirmation from an *Ambulatorium* that they had been tested for STDs.⁷⁰⁴ This measure not only shows the gender bias again—as females were targeted at a younger age⁷⁰⁵—but also represents an intrusion of the state into the most primal needs of postwar East Germans: the distribution of food. Conversely, apart from authorities’ understandable intention to eliminate the high rates of STDs, it was also an open call for black market trading, profiteering, and prostitution

⁷⁰¹ ‘Analyse zum Kurzbericht über g-Krankheiten für den Monat April 1957, 11. Mai 1957’: BArch, DQ 1/4436, unpaginated.

⁷⁰² For an insightful study, see Evans, *Life Among the Ruins*, pp. 13, 40, 72, 198–99, 222; Evans, ‘Bahnhof Boys’, pp. 608–09, 626–29, 634–36; Evans, ‘Decriminalization, Seduction, and Unnatural Desire’, p. 555.

⁷⁰³ See Chapter 3.1. In her article about *Bahnhof Boys*, Evans argues that these ‘sexually deviant’ boys were a “direct challenge to the reconstruction of a respectable German masculinity in the East as well as the West”. Evans, ‘Bahnhof Boys’, p. 636.

⁷⁰⁴ ‘Rundverfügung Nr. 4, Landesregierung Sachsen, Ministerium für Arbeit und Sozialfürsorge, 16. Januar 1947’: StA DD, Fürsorgeamt, 2.3.15, AV I/ Nr. 647, Bl. 108.

⁷⁰⁵ See Chapter 3.3. Evans, ‘Bahnhof Boys’, p. 619.

among the youth, who evaded the test and, in general, tried to avoid being monitored by the state.⁷⁰⁶

In Leipzig in 1951, officials observed that “[a]mong the young people of rural communities [it was] an open secret that one can easily earn money by having [sexual] intercourse with homosexual men in the case of money shortage”.⁷⁰⁷ Health and social authorities were alarmed by the fact that the youth were seeking ‘easy money’ in the homosexual scene, thereby having their sexuality ‘spoiled’ and possibly contracting an STD.⁷⁰⁸ The youth office representative welcomed the plan to intensify the investigations against men who seduce boys, as she was especially concerned “that this *Unsitte* [immorality] was proliferating more and more among the youth”.⁷⁰⁹ Therefore, places like known (gay) bars, parks, and especially train stations were targeted by the city authorities and faced frequent raids.⁷¹⁰ As Evans illustrates for Berlin, the situation around train stations—inhabiting delinquent, criminal, and ‘sexually deviant’ people—represented for authorities the “index of the moral depravity brought about by defeat”.⁷¹¹ Therefore, the agency of Berlin and Leipzig’s ‘call-boys’ and their female counterparts provoked greater state attention than their ‘use’ by adults. The underage prostitute—female or male⁷¹²—faced monitoring by police, health officials, jurisdiction, or youth organisations and offices, whereas the ‘John’ was often released on the spot—depending on his societal status and reputation, as well as on previous convictions.⁷¹³ Therefore, the previous finding regarding ‘social deviance’

⁷⁰⁶ Evans, ‘Bahnhof Boys’, p. 620.

⁷⁰⁷ ‘Protokoll über die Sitzung des Beirates zur Bekämpfung der Geschlechtskrankheiten, am 28. Juni 1951’: StA Leipzig, Stadtverwaltung und Rat, Nr. 7349, Bl. 252.

⁷⁰⁸ It was a prevalent view that sexuality of teenagers can be influenced by adults and their social environment. Evans, ‘Decriminalization, Seduction, and Unnatural Desire’, p. 560.

⁷⁰⁹ ‘Protokoll über die Sitzung des Beirates zur Bekämpfung der Geschlechtskrankheiten, am 28. Juni 1951’: StA Lpz, Stadtverwaltung und Rat, Nr. 7349, Bl. 252.

⁷¹⁰ Ibid.

⁷¹¹ The *Bahnhof* could be described as a mirror of the desolate state of society. Evans, ‘Bahnhof Boys’, p. 609.

⁷¹² For the procedures against prostitutes and the gender bias regarding spreading STDs, see *ibid.*, p. 619.

⁷¹³ ‘Protokoll über die Sitzung des Beirates zur Bekämpfung der Geschlechtskrankheiten, am 28. Juni 1951’: StA Leipzig, Stadtverwaltung und Rat, Nr. 7349, Bl. 252; Evans, ‘Bahnhof Boys’, pp. 624–28, 631–34.

is true for ‘sexual delinquency’ as well: the state was mostly policing the youth. In this case, the biased approach to sexual intercourse and sexuality, in general, aimed for societal transformation and simultaneously enforced the traditional image of a heterosexual relationship. In the same way, it was neglecting adults’ agency, who potentially used postwar chaos and uprooted teenagers for their pleasure.⁷¹⁴ Nevertheless, the state was concerned neither about the causes nor the past of ‘sexual deviance’, but directed all efforts to present situation and the future—representing the essential teleological feature of the state narrative.

In both East and West Germany, child psychiatrists did not address the war experiences and rape of the youth, as well as their influence on ‘sexual deviance’. Instead, the discussions questioning the veracity of children’s testimonies about their sexual abuse—targeting the “dangerous witness” in the form of, for example, “degenerate cravers of recognition with infantile character” and “pathological liars and fantasists”.⁷¹⁵ However, two findings of the psychiatrists are striking here. Firstly, the youth themselves rarely spoke about their rape experience and, secondly, they sought psychological assistance rather than attempting to establish a lawsuit against the perpetrator.⁷¹⁶ In this context, the ‘silence’ around sex crimes can be identified and was sustained even by the victims themselves—whether out of fear of social stigmatisation or emotional exposure was tellingly not subject for discussion.

In conclusion, both the state and medical profession narrated the youth’s behaviour from a future perspective, which legitimised their actions against children and the revival of medical concepts of the past. They saw in this new generation the hope for the new

⁷¹⁴ For example, see Evans, *Life Among the Ruins*, pp. 76–77.

⁷¹⁵ In 1959, E. Nau gave a paper at the sixth DVJ conference in Berlin with the title “The Issue of Child Testimony from a Child-Psychiatric and Forensic Perspective”. Quotation taken from Castell and others, *Geschichte der Kinder- und Jugendpsychiatrie*, p. 148.

⁷¹⁶ These findings were presented by Erika Geisler at the third DVJ conference in Essen 1954. *Ibid.*, p. 117.

nation, but simultaneously incarcerated any ‘social and sexual deviance’ that departed from the desired social engineering project. As delinquency potentially transgressed the borders of legal, health, and social systems, both the ‘socially and sexually deviant’ child were put under the scrutiny of health, law, police, and youth office authorities. Subsequently, these various governmental bodies forced children into care homes for an indefinite period, where they faced medical and social treatment. Due to this procedure, the medical memories of children were disregarded, their current behaviour pathologised, and their future state directed—the biopolitics of the emerging East German state.⁷¹⁷

In the end, it was the social hygienic cycle in which children were caught once they obtained the stigma of being ‘asocial’ or delinquent that inflicted new medical experiences on the already uprooted youth in the postwar era. The ultimate aim was the creation of ‘valuable members of society with the right political consciousness towards the construction of Socialism’. However, the care home as such was not only a welcomed legacy of Weimar, but also a conscious continuation of Third Reich penal policies.⁷¹⁸ Furthermore, in this institution the survival and potential combination of eugenic and social hygienic concepts with a medicalised language is observable. This continuity, as well as the care home’s purpose and questionable realisation of its aims in East Germany, where the medical personnel of pre-1945, the stigmatised woman, and the delinquent child were housed together, is exemplified on the basis of a case study in Dresden in the final chapter.

⁷¹⁷ For the notion of biopolitics in East Germany, see also Evans, ‘Decriminalization, Seduction, and Unnatural Desire’, p. 572.

⁷¹⁸ Also Evans identifies this twofold legacy of the juvenile homes in Berlin. Evans, ‘Bahnhof Boys’, p. 634. See Chapter 5.

4.4 Conclusion: The Recent Hype of the ‘Forgotten War Children’ and ‘Trauma’ Questioned

*At the moment, the Second World War rampages in German retirement homes.*⁷¹⁹

Katja Thimm, *At the Second ‘War Children’ Conference
in Münster, 2013*

The frequently cited quotation from the journalist and author Katja Thimm suggests a heightened awareness about the Second World War and its consequences among today’s elderly. Recent accounts speak of ‘breaking the silence’, or announce the ‘end of a taboo topic’ regarding the ‘war youth’ and their sufferings in the war and postwar era, and demand a ‘collective *Aufarbeitung* [revision]’ of this part of history.⁷²⁰ Doctors and psychotherapists joined the interdisciplinary discussion with letters to the German medical journal *Deutsches Ärzteblatt*, in which one reader welcomed the debates and claimed:

[T]his subject should have been scientifically revised a long time ago, albeit not politically, not ideologically, not historically, but initially only in the best sense medically, ethically, and in the exact (the scientific) meaning medically-scientifically.⁷²¹

Apart from best intentions, the journal reader shows predispositions regarding discourses outside of the realm of medicine, and thus his statement exemplifies the main bias in the popular debate around the ‘traumatised war youth’: the claim of an ‘objective’ science and of being ‘apolitical’.⁷²² In the conclusion of this chapter, the underestimation of subjective

⁷¹⁹ “Der Zweite Weltkrieg tobt derzeit in deutschen Altenheimen”. Quotation taken from Jachertz and Jachertz, ‘Kriegskinder’, p. A 658. For her recent book, see Katja Thimm, *Vatertage: Eine deutsche Geschichte* (Frankfurt a.M.: Fischer, 2011).

⁷²⁰ Bühring, ‘Die Generation der Kriegskinder’, p. A1190; Petra Bühring, ‘Sexualisierte Gewalt: Das Schweigen brechen’, *Deutsches Ärzteblatt*, 102 (2005), A1798 (p. A1798).

⁷²¹ “das Thema [...] schon lange wissenschaftlich [hätte] aufgearbeitet werden müssen, wohlgemerkt nicht politisch, nicht ideologisch, nicht historisch, sondern im besten Sinne zunächst erst mal ärztlich, ethisch und im exakten (eben wissenschaftlichen) Sinn medizinisch-wissenschaftlich”. H.W. Pollack, ‘Aufarbeitung überfällig’, *Deutsches Ärzteblatt*, 102 (2005), A1950 (p. A1950).

⁷²² See Chapter 2. For the discussion of the long-nineteenth century and the development of the political ‘apolitical’ doctor, see Weidner, *Die unpolitische Profession*.

perception, as well as the political use of terms, such as ‘trauma’ and the ‘forgotten’ war youth, are addressed. This finding is set in the context of the previous analysis of children’s experiences and the state and medical profession’s narrative in postwar East Germany. The ‘apolitical’ claim and the search for the ‘truth’ of a ‘traumatised generation’ are misleading, but self-serving descriptions. Medical concepts were used to explain and to excuse social phenomena and behaviour. This represents a recurrence of historical processes in modern medical history, especially in Germany. Moreover, the analysis reveals how the (re-)constructed medical memories of the individual feed into the narrative of the state and vice versa: a mutual dependency, informing commemoration practices in the private and public realm in contemporary Germany.⁷²³

At an international conference in Frankfurt in 2005, psychoanalysts, doctors, witnesses, and other presenters claimed that the war youth is “overburdened in coping with this collective traumatisation alone”.⁷²⁴ Therefore, they argued, “collective traumata need a collective mourning, not only a coming to terms individually”.⁷²⁵ Without disputing the subliminal message and the importance of addressing the past of ‘war children’, these two statements alone exemplify the ‘para-medicalised’⁷²⁶ language and nature of this debate. The use of ‘collective’ as a term is blurred and always has the tendency of homogenising the complexity of individual or group events, memories, and experiences. Therefore, this chapter refuted the utilisation of ‘collective’ in its analysis from the start because it has an inherent political motivation. The questionable character of these statements serves to

⁷²³ Heinlein, *Die Erfindung der Erinnerung*, p. 180.

⁷²⁴ Quotation taken from Bühring, ‘Die Generation der Kriegskinder’, p. A1190.

⁷²⁵ Quotation taken from *ibid.*, p. A1193.

⁷²⁶ The term ‘para-medicalised’ is used here to describe the entanglement of politics with medical concepts and terminology to explain and pathologise social phenomena. The ‘para-medicalised’ debate consciously uses medical concepts to base its arguments in science, claiming to be ‘apolitical’, and thus is unaware about its own predisposition and political implications of its statements. Many thanks to Grant Goszik for suggesting this term, which is very useful for this analysis.

accommodate the majority of people by offering them a narrative, which gives them an identity, a sense of belonging to something greater.⁷²⁷

The feeling of ‘finally breaking with a taboo’ was another feature of the discussion that was most significant to the elderly ‘war youth’ today. It is often spoken in terms of an emotional release and relief, the appreciation of being finally heard and understood.⁷²⁸ The reason why German ‘victimhood’ became a silenced topic is not only the burden of Germany’s guilt for causing the Second World War, but also the 1968 generation, which had not allowed any form of addressing the sufferings of their parents, or even their own as children during the war and postwar era.⁷²⁹ However, acknowledging the previous findings, the assumptions in this debate appear to be based on subjective perceptions and a political use of this past to stage commemoration. For postwar East Germany, this chapter revealed that there was not a total ‘silence’ in many ways. Especially for children, the emerging socialist state put effort into narrating their ‘victimhood’ and abuse by a criminal regime, thereby offering them a new start in a new state and political system. The long-term hope of the authorities was to achieve a generational change and break with the past; a process which they believed would create the idealised socialist citizens. This endeavour represents a typical social engineering project, which was conflated with social hygienic, but also eugenic concepts in the medical and public realm.⁷³⁰

⁷²⁷ For Heinlein, this function of accommodating the complexity of human experiences is one important feature of the heterogeneity of remembrance practices. Heinlein, *Die Erfindung der Erinnerung*, p. 182. Bode also identifies that survival, trauma and its narrative creates a sense of identity. Bode, *Die vergessene Generation*, p. 279.

⁷²⁸ For example, see Ackermann, ‘Das Schweigen der Flüchtlingskinder’; Bode, *Die vergessene Generation*; Bühring, ‘Sexualisierte Gewalt’; Bühring, ‘Die Generation der Kriegskinder’; Jachertz and Jachertz, ‘Kriegskinder’.

⁷²⁹ Bode, *Die vergessene Generation*, pp. 27–29; Jachertz and Jachertz, ‘Kriegskinder’, p. A657. For a critic of this claim, see Heinlein, *Die Erfindung der Erinnerung*, p. 13.

⁷³⁰ Buddrus, ‘A Generation Twice Betrayed’, pp. 252, 256–65.

Nevertheless, the occurrence of rape was mostly excluded in this narrative. The health authorities were directed to erase all data of Soviet soldiers that involved the transmission of STDs in February 1946. In this process, the incidence of sexual violence inflicted by the occupation power was silenced.⁷³¹ However, Atina Grossmann has shown that initially there was a public understanding in this sensitive field in postwar East Germany that allowed otherwise illegal abortions for mostly raped women on the basis of ‘social indication’—a term derived from eugenic and race concepts and applied for the ‘inferior’ babies from Russians even after 1945.⁷³² In today’s debates, women’s rights organisations aim to establish rape as a “specific suffering of women”, for which men would show no real interest, and raise awareness of the long-term psychological consequences for the victims.⁷³³ Without mitigating this claim and the traumatic experience of rape, this thesis demonstrates that the limited focus on women and girls is untenable. Both female and male children faced sexual violence in the transition from war to postwar that, however, was often only identifiable if the child acquired an STD. Moreover, it also became apparent that not only the occupying soldiers, but also compatriots, were a possible threat to youth’s sexual and mental health. However, the state hardly addressed this issue, as contemporary medical knowledge often covered up and disregarded the abuse. In the postwar era, the understanding of gonorrhoea and syphilis provided the perpetrator with a narrative that the child probably infected itself through cups, plates, or the common use of towels. Consequently, only the potential consequences in the form of ‘social or sexual deviance’ from this extreme, personality-invading medical experience became a concern

⁷³¹ For the classified orders, see ‘Vertrauliche Mitteilung. Betr. Wochen- und Monatsmeldungen der Geschlechtskrankheiten, 21. Februar 1946’: BArch, DQ 1/1010, unpaginated; ‘Vertrauliche Mitteilung, 2. Mai 1946’: BArch, DQ 1/1010, unpaginated; ‘Betr. Vertrauliche Mitteilung v. 21. Febr. und 2. Mai 1946, 24. Mai 1946’: BArch, DQ 1/1010, unpaginated. Evans also identifies that there was a bias in the depiction of rape and STD transmission as an issue of Soviet soldiers, as incidents from other occupation powers were hardly reported and suppressed. Evans, *Life Among the Ruins*, pp. 73–78.

⁷³² Grossmann, pp. 53–61, here 55.

⁷³³ Bühring, ‘Sexualisierte Gewalt’, p. A1798.

of authorities. This bias represented an approach that often inflicted more negative medical memories on the children and protected the perpetrator of sexual violence from further investigations.

The postwar youth's—widely perceived—deviance and defiance in social and sexual affairs were a constant target of the East German state. The adolescents were not only viewed as 'abnormal' or 'asocial', but also as an opposition to the (re-)construction of the socialist country.⁷³⁴ Therefore, the pathologising of experiences and behaviour, as well as their corresponding social and medical treatments, served political and social purposes. The state justified these interventions in the present by an idealised conception of the future: the future of Socialism and Communism. In this process, the medical memories and experiences of children were re-narrated and moulded to the state's interests to turn a nation of bystanders and nominal members into 'anti-Fascists'. In the light of the imminent Cold War, this approach was, firstly, a pragmatic one due to the postwar predicaments, but also, secondly, part of legitimising a minority pushing towards Socialism against the will of the majority of the population.⁷³⁵

In this sense, both the postwar era and the recent debate about children's war experience in Germany are 'para-medicalised' strategies to accommodate the 'war youth'. In the past, the state and its narrative were directed towards the future, using children's experiences during the Third Reich, war and postwar era to create a form of 'victimhood' that would explain, excuse, and treat the 'social deviance' of the masses. In the present, the debate about 'the forgotten war youth' and its narrative is directed towards the past, also using children's experiences during the Third Reich, war and postwar era to create a

⁷³⁴ For more information, see Evans, *Life Among the Ruins*, p. 215.

⁷³⁵ Buddrus, 'A Generation Twice Betrayed', pp. 265–68; Plato, 'The Hitler Youth Generation', p. 224; Heinlein, *Die Erfindung der Erinnerung*, pp. 180–82.

form of ‘victimhood’ that would offer an identity to the survivors as a ‘traumatised generation’. In both cases, medical or psychological terminology, such as trauma and eugenic or social hygienic concepts, were used to explain social phenomena in the political discussions. Conversely, the outcome of these debates also influenced the medical profession and how doctors treated their patients socially or medically, who, for example, were ‘labelled’ as ‘social deviants’ in the past, or as ‘traumatised elderly’ people today. The biggest pitfall of these ‘para-medicalised’ discussions is their failure to address the biased nature of their diagnoses—‘asocial’ and deviant, or trauma and PTSD—as they remain blurred, dependent on the subjective perception of the individual, and the contemporary medical knowledge.⁷³⁶

Nevertheless, the analysed narrative of trauma should not be understood as a top-down model because, as in the postwar era, the ‘war youth’ has agency that they use to reach their political interests: as Heinlein identifies, the elderly consciously utilise the ‘para-medicalised’ language in their biographies, they attend conferences, make their voices heard by creating lobby groups, and thus form an enormous social network that influences the whole public narrative.⁷³⁷ The inherent heterogeneity of narratives determines commemoration practices and thus, according to Heinlein, accommodates various life paths and provides the individual with “stability and historical depths”—they can locate themselves within something greater and establish their identity.⁷³⁸ It is both the

⁷³⁶ For a critic of the use of trauma for historical investigations, see Goltermann, ‘The Imagination of Disaster’.

⁷³⁷ Ibid., pp. 180–85. For examples for this development, see Bode, *Die vergessene Generation*; Radebold, *Abwesende Väter und Kriegskindheit*; Thimm, *Vatertage*.

⁷³⁸ Heinlein, *Die Erfindung der Erinnerung*, pp. 181–182, here 181. For another discussion of this issue, see Jureit, ‘Generationen-Gedächtnis: Überlegungen zu einem Konzept kommunikativer Vergemeinschaftungen’, pp. 125–36.

representation and reception, as well as the consumption and expression of medical memories and experiences that are mutually dependent and trimmed into institutionalised narratives of the state, the mnemonic community, and the individual.

The problem with the current debate, however, is multifaceted. Firstly, it neglects the agency of children in the postwar era, which this chapter identified. Thereby, the current discussion has tendencies to establish the ‘war youth’ generation as a ‘hero-victim’, who had to cope with the situation without mourning and re-build the country, ultimately managing these tasks successfully.⁷³⁹ Secondly, words such as silence, denial, loneliness, and taboo frequently reoccur in the discussion and have been developed into politicised terminology.⁷⁴⁰ Even, if individual experiences have determined these descriptions, the problem arises when it becomes a ‘collective’ perception, which represents the third pitfall. If there was a common experience, it manifested itself in the ever-present death, malnourishment, and disease that affected almost all war children across geographical and social borders.⁷⁴¹ However, the term ‘collective trauma’, which is stressed in this debate, not only homogenises suffering, but also potentially trivialises ‘victimhood’ across nations and ethnicities. Despite the fact that this issue was addressed at the conferences about the ‘war youth’, it represents an inherent danger, which should not be disregarded so easily and requires more scholarship in the future.⁷⁴²

A reader of the journal *Deutsches Ärzteblatt*, who is also a ‘war child’, and in vehement opposition to psychoanalysis, reacts to Thimm’s claim, utilised as the opening quotation

⁷³⁹ Bühring, ‘Die Generation der Kriegskinder’, p. A1190.

⁷⁴⁰ For examples, see the discussion in the journal *Deutsches Ärzteblatt* about the article of Hartmut Radebold in 2004, ‘Diskussion zu dem Beitrag “Kriegskinder im Alter”: Bei Diagnose historisch denken von Hartmut Radebold’, *Deutsches Ärzteblatt*, 101 (2004), A2800–2804.

⁷⁴¹ For a similar judgement, see Jaraus and Geyer, *Shattered Past*, p. 353.

⁷⁴² Bühring, ‘Die Generation der Kriegskinder’, p. A1190; Jachertz and Jachertz, ‘Kriegskinder’, p. A657. Here, this study distances itself from Jureit’s conclusion that a trivialisation of the Holocaust victims would not occur in these debates, as a simplification of the issue. Jureit, ‘Generationen-Gedächtnis: Überlegungen zu einem Konzept kommunikativer Vergemeinschaftungen’, p. 136.

in this section, and states: “[t]hat the Second World War rampages in German retirement homes [...], is utter nonsense”.⁷⁴³ Unlike this reader, the intention of the section was not to dispute subjective perception or individual war experiences and memories. However, it is important to raise awareness of the debate’s nature. This thesis follows Heinlein’s argument, which suggests a reconsideration of the terminology that until today has been biased and politically motivated.⁷⁴⁴ This chapter began by exploring the current psychological knowledge about today’s war children to establish a template for analysing war experiences and their consequences in postwar East Germany. In contrast to the other two main chapters, the fourth has approached the topic consistently from the local community to the state level. It has examined the complexity of ‘war children’s’ medical memories and experiences and subsequently has explored the ‘treatment of their past’ by the medical profession and the state in the form of their response and narration. These findings have been set in context with the current debates about the ‘war youth’ in the last section. In both cases, postwar and contemporary Germany, the analysis has shown that the children’s past was not treated, in the medical and psychological sense, but utilised for political goals and a narrative that legitimised the state and its interventions. Within these debates, a tendency towards simplification of past events and medical concepts, such as trauma, was recognised, which had a twofold purpose. On the one hand, it was supposed to offer a coping strategy for coming to terms with the past in the postwar era and today. On the other hand, in this process an identity, as well as a connection of individuals to like-minded people, is created. Those people shared similar life stories, such as their perception that war experiences were a long-standing taboo topic, and thus established mnemonic communities of support and social power. Consequently, medical

⁷⁴³ F. Reimer, ‘Wilde Konstruktionen’, *Deutsches Ärzteblatt*, 110 (2013), A1197.

⁷⁴⁴ For the criticism and questioning of trauma as ‘collective experience’ in demarcation to an individual diagnosis, see Heinlein, *Die Erfindung der Erinnerung*, p. 184.

memories and experiences of individuals were ‘collectivised’—‘trauma’ became a shared identity.

In summary, this chapter has exemplified how the concept of medical memories and experiences captures the social interaction between the state and local level, medical and political realm, as well as the individual and the community. To open up the framework for future research, the following chapter uses the case study of the Care Home Leuben in Dresden. This institution features the findings of all three main chapters and thus clarifies the concept behind the medical memories and experiences of the state, institution, mnemonic community, and individual.

VISION AND REALITYMEDICAL MEMORIES AND EXPERIENCES OF THE
FÜRSORGEHEIM LEUBEN IN POSTWAR DRESDEN

The purpose of this thesis has been to expose inherent patterns of continuity and discontinuity after 1945 that are common to all three groups analysed in the present study: incriminated doctors, stigmatised women, and ‘delinquent’ children. This dissertation has illustrated that a physician, for example, who was trained during the Weimar Republic and practised his profession in the Third Reich, would have developed a mentality towards sexually transmitted diseases and uprooted adolescents that would not alter overnight and would thus shape his medical and social conduct in the postwar era. Consequently, in the upper echelons and local levels of society, it needs to be acknowledged that behind every state narrative, mnemonic communities, medical concepts, or stigmatisations of ‘socially deviant’ groups, people can be found. These are individuals, whether influential or not, who upheld their views and a certain interpretation of the past. From this starting point, they drew conclusions for their contemporary context and justified corresponding actions in the future, discussed for the forceful character of medical monitoring in this thesis. This form of transition was possible even after a potential deep caesura such as the end of a war. In similar vein, institutions survived the Second World War not only in their structural substance—in their ‘being’ and spatial capacity if they were not destroyed through bombing or battle—but also in their conceptions and medical or social views projected onto them by the population, inmates, medical personnel, and authorities alike.

The most prominent example of this claim is the German version of the workhouse,⁷⁴⁵ which was subject to re-labelling practices throughout its decades-long existence. It was called *Bezirksanstalt*, *Landesanstalt*, *Fürsorgeheim*, *Fürsorgeanstalt*, *Heim für soziale Betreuung*, and other, similarly vague, descriptions fitting of an institution with a multifunctional character.⁷⁴⁶ Despite its recent problematic past that, as Sven Korzilius states, the workhouse had become a cog in the whole system of extermination camps during the Third Reich, it continued to exist in all four occupied zones throughout Germany in the postwar era.⁷⁴⁷ For this final chapter, the framework of medical memories and experiences is raised to a conceptual level in order to demonstrate avenues for future research addressing different time periods and contexts. In this endeavour, the *Fürsorgeheim Leuben* [Protectory Leuben], as a continually challenged institution in a suburb of Dresden, unites all three groups analysed in the preceding chapters and thus serves as a suitable ‘litmus test’ for the underlying concept.

The history of this form of a ‘total institution’, in the Goffmanian sense,⁷⁴⁸ is closely linked to the development of social care and poorhouses. In Germany, these institutions

⁷⁴⁵ In the following the term workhouse is used in the German and not in the Dickensian sense. While at the beginning, the workhouse in England and Germany was part of the poor laws system that provided accommodation and work to the poor, in Germany it increasingly developed to a place, where people would be confined to by penalty laws in order to ‘sanitise’ the industrialised cities. It was connected with the views that only those who work should receive food and support by the state and thus was part of the general socio-cultural development of the nineteenth and twentieth centuries. In contrast to this development in Germany, English workhouses became places for the infirm and elderly by the late-nineteenth century, before they were dissolved during the 1930s.

⁷⁴⁶ For a further information about the history of the multifunctional character, see Wolfgang Ayaß, *Das Arbeitshaus Breitenau: Bettler, Landstreicher, Prostituierte, Zuhälter und Fürsorgeempfänger in der Korrekptions- und Landarmenanstalt Breitenau (1874–1949)* (Kassel: Verein für hessische Geschichte und Landeskunde e.V., 1992), pp. 25–34. here 29; Wolfgang Ayaß, ‘Die „korrektionelle Nachhaft“: Zur Geschichte der strafrechtlichen Arbeitshausunterbringung in Deutschland’, *Zeitschrift für Neuere Rechtsgeschichte*, 15 (1993), 184–201 (p. 194); Elisabeth Elling-Ruhwinkel, *Sichern und Strafen: Das Arbeitshaus Benninghausen (1871–1945)* (Paderborn: Schöningh, 2005), pp. 17–18; Sven Korzilius, *‘Asoziale’ und ‘Parasiten’ im Recht der SBZ/DDR* (Cologne: Böhlau, 2005), p. 63.

⁷⁴⁷ Korzilius, *‘Asoziale’ und ‘Parasiten’*, p. 70; Foitzik, “‘Sittlich verwahrlost’”, pp. 76–80. Only in the US-Zone, workhouses were abolished in February 1949, as the US authorities were highly critical of its usefulness. Nevertheless, after the foundation of the West German state, the workhouse continued to exist until the Constitutional Court Decision of 1967. Ayaß, *Das Arbeitshaus Breitenau*, pp. 338–45.

⁷⁴⁸ For Goffman’s analysis of the features, which an institution needs fulfil in order to be called a ‘total’ one, see Goffman, *Asylums*, pp. 15–18.

had a long tradition dating back to the end of the eighteenth century. They emerged from penitentiaries and similar institutions, and were always driven by economic rather than social considerations,⁷⁴⁹ and experienced a boom in the late-nineteenth century—largely due to increasing industrialisation and changes in patterns of labour.⁷⁵⁰ During this time, the *Bezirksanstalt Dresden-Leuben* [District Asylum Dresden-Leuben] was established (1 April 1883) in former farmhouses which had become obsolete through the increasing urbanisation of this peripheral area.⁷⁵¹ The use of abandoned buildings for social institutions, such as former monasteries and cloisters after secularisation, was common in Germany, as financial resources were often not sufficient to build new ones. More often than not, the buildings already housed penitentiaries or other ‘total institutions’ before they were converted into a workhouse or protectory.⁷⁵² In contrast to new prisons and mental asylums built throughout the nineteenth century in the belief that architecture could generate a suitable environment that treats and reforms the human-being,⁷⁵³ the workhouse often remained provisional in character, despite comprehensive conversion work on existing structures.⁷⁵⁴ Apart from these shortcomings, the workhouse represented a ‘total institution’: all aspects of a person’s life occurred within a confined space; he or she was put under tight social and medical control among other individuals in a similar situation; and their daily routine was thoroughly managed by the staff of this

⁷⁴⁹ In the nineteenth and most of the twentieth century, as Ayaß and Ellis-Ruhwinkel illustrate, workhouses required state subsidies and were not able to sustain themselves through profits from manufacturing. Ayaß, *Das Arbeitshaus Breitenau*, pp. 28, 41–42; Elling-Ruhwinkel, *Sichern und Strafen*, p. 21.

⁷⁵⁰ For the history and the economic relevance of workhouses in the nineteenth and twentieth centuries, see Ayaß, *Das Arbeitshaus Breitenau*, pp. 25–34; Andrea Rudolph, *Die Kooperation von Strafrecht und Sozialhilferecht bei der Disziplinierung von Armen mittels Arbeit: Vom Arbeitshaus bis zur gemeinnützigen Arbeit* (Frankfurt a.M.: Lang, 1995), pp. 18, 157; Korzilius, ‘Asoziale’ und ‘Parasiten’, pp. 61–70.

⁷⁵¹ ‘Ausschnitt aus dem Dresdner Anzeiger vom 21. April 1922’: StA DD, Fürsorgeamt, 2.3.25, AV III Arbeitsanstalt, Rep. II: Anstaltsverwaltung, Section B: Die Organisation der Anstalt, Nr. 12, Bl. 57. For the documents about the acquisition of this farm by the city council, see StA DD, Bauamt, 8.22, Nr. 1205, unpaginated.

⁷⁵² Ayaß, *Das Arbeitshaus Breitenau*, pp. 73–74.

⁷⁵³ Rothman, *The Discovery of the Asylum*, pp. 81–96; Yanni, *The Architecture of Madness*, pp. 7–15. For the famous, but disputed exploration, especially of the panoptical prison, see Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. by Robert Hurley (London: Penguin Books, 1991), pp. 195–228.

⁷⁵⁴ Ayaß, *Das Arbeitshaus Breitenau*, pp. 73–74.

institution.⁷⁵⁵ Typically, it was a purposefully secluded institution—demonstrated by its walled-in design and remote location—which was supposed to prepare inmates for the outside world. However, further estrangement from external cultural and social developments occurred through this isolation.⁷⁵⁶ The outcome of this ‘frozen’ image of society within the workhouse walls was that, after release, former inmates—who had experienced no cultural and social development since entering the institution—were even more unprepared for challenges on the outside and thus often returned to the ‘total institution’ quickly.⁷⁵⁷

As Ayaß has claimed, the principal aim of these institutions was to be a deterrent for broader society (general preventive effect)—to warn people not to become a ‘social deviant’ in any contemporarily defined form—rather than an actual reformatory for inmates (specific preventive effect).⁷⁵⁸ As a result of this view, the conditions in workhouses were often worse than in prisons—not least due to the often new, modern architecture of the latter.⁷⁵⁹ This perception was reflected in the fact that workhouses had a dreaded reputation among the population, which was the desired outcome for authorities and proponents of this form of social control.⁷⁶⁰ For medical memories and experiences, it is here where a medical model was derived from contemporary definitions of social misconduct and its pathological manifestations in human beings: the continued existence of

⁷⁵⁵ These are the adapted features, which Goffman listed as being common to all ‘total institutions’.

Goffman, *Asylums*, p. 17.

⁷⁵⁶ For the problem of “disculturation” and the subsequent “civil death” of inmates, see Goffman, *Asylums*, pp. 23–25; Rothman, *The Discovery of the Asylum*, pp. 81–82, 95–96.

⁷⁵⁷ Goffman, *Asylums*, p. 23.

⁷⁵⁸ Ayaß, *Das Arbeitshaus Breitenau*, pp. 40–41. For the differentiation of ‘general preventive’ versus the ‘specific preventive effect’, see Rudolph, *Die Kooperation von Strafrecht und Sozialhilferecht*, p. 158.

⁷⁵⁹ Evans shows that also the juvenile workhouses in East Germany after 1945 were in terrible conditions and the confined youth often had to face abusive staff, a lack of food and heating, and a general absence of cleanliness in these institutions. Evans, *Life Among the Ruins*, pp. 201–02.

⁷⁶⁰ For this claim, see Ayaß, *Das Arbeitshaus Breitenau*, pp. 40–41, here 40. For the theoretical background of the deterrent effect and its impact on individual motivation and social conduct, see Franklin E. Zimring and Gordon J. Hawkins, *Deterrence: The Legal Threat in Crime Control* (Chicago: University of Chicago Press, 1973), pp. 134–36.

the institution already points towards the persistence of this concept throughout political upheavals and changes.⁷⁶¹

In the following, the theoretical discussion of the framework of medical memories and experiences is grounded in the analysis of the *Fürsorgeheim Leuben* as a case study. The four levels of this concept defined in the introduction, including the state narrative, institutional memories, mnemonic community, and the memories of the individual, are the guiding points through the final part of the dissertation. To demonstrate this concept, this final chapter starts with the discussion of whether the workhouse was still appropriate in the postwar era and compatible with the ‘new’ political system and ideology. In the commission, which was set up to discuss this issue, almost all members were trapped in their past, similar to the medical profession analysed in Chapter 2. Despite being lawyers and state officials, they utilised their medical memories and experiences to argue for the continuation of workhouses and established a suitable state narrative. In the second section, the proposal of Leuben’s Superintendent to the City Council of Dresden is analysed. This document confirms Rothman’s finding that inside institutions, superintendents tried to implement their societal ideas and, as Yanni concludes, “create a microcosm of their vision of a proper society”.⁷⁶² Therefore, medical memories and experiences shaped the conception, as well as the layout and equipment of an institution, as shown for the *Ambulatorien* in Chapter 3. This process gives an important insight into the interdisciplinary connection between architecture, history, law, medicine, psychology, and sociology for the inquiry in this chapter.

⁷⁶¹ According to Goffman, anyone would be diagnosed with a mental disorder in this situation, only due to the institutional framework and the circumstances of being sent to the asylum. Goffman, *Asylums*, pp. 306–07, here 307.

⁷⁶² Rothman, *The Discovery of the Asylum*, p. 154; Yanni, *The Architecture of Madness*, p. 11.

Due to the common interest of multiple disciplines in one institution, however, there was a constant struggle between judicial, medical, social welfare, and other mnemonic communities over competencies, accountabilities, utilisation, and, most importantly, funding of this particular care home in Dresden. Section three of this chapter shows that none of these authorities wanted to take over full responsibility of this institution. This situation derived from their medical memories and experiences that the workhouse as an institution failed in the past. The interpretation of the reasons which resulted in the inability of this institution to achieve its proposed aims and how to resolve the issue in the future was highly differentiated across departmental borders. However, no one questioned its general existence at the local level. Instead, authorities wanted to tighten laws for confining even more people within this institution. As identified in Chapter 3 and 4, they intended to broaden medical and social definitions of deviance and to extend the buildings to separate the inmates according to their legal, medical, and societal transgression. Within the *Fürsorgeheim Leuben* itself, the fourth section discusses individual views, concepts, and narratives of inmates and staff regarding their medical memories and experiences inside and outside of this institution. For this final analysis, not only documents, but also pictures and individual cases are utilised, offering a fresh look into the care home experience and exposing the gap between the proposed purpose and goals and their actual implementation and outcome in this institution.

Lastly, it has to be noted that all four sections of this chapter and thus all four levels of the concept are interrelated and intertwined with each other. On the one hand, individuals inform the state narrative, which subsequently influences the political strategies of local mnemonic communities. On the other hand, institutions and the perception of their past limit the implementation of both local and state policies. As a result, the frame-

work of medical memories and experiences is developed to reveal the complexity of human behaviour, interactions, and legitimization strategies rather than to simplify social conduct with an inherently limiting terminology.⁷⁶³ Labels like ‘collective’ are misleading because societal memory is a cluster of highly heterogeneous reflections of the past: behind this term, many individuals with different narratives and memories can be found. According to this concept, it is likely that only a few people develop a state narrative. However, this narrative is influenced by all other levels and has to be as incorporating and accommodating towards the majority of the population as is possible in order to be successful. This feature is essential to offer the opportunity to mnemonic communities and individuals to integrate their memories, political views, and narratives into the overarching framework, provided by the state. It needs to be a framework that enables them to make sense of their lives in line with cultural and societal remembrance practices. In the case of the workhouse, this was an important step for selling the disreputable institution to the sceptical people of postwar East Germany and made it fit into the ‘new socialist project’.

⁷⁶³ For an insightful discussion of the relation between memory and history and its use, see Assmann, ‘History and Memory’.

5.1 Medical Memories of the State: The Discussion of Continuing Correctional Facilities in Postwar East Germany

*[I]f the workhouse did not exist, it would have to be invented.*⁷⁶⁴

Ernst Scheidges, *Protocol about the Meeting of the Commission to Assess the Question Regarding the Retention of the Workhouse, 1946*

The statement by Ernst Scheidges, Senior Attorney at the Berlin Court of Appeal, bears witness to the general nature of the commission set up to assess the question of whether or not the workhouse could be viewed as an appropriate institution in postwar East Germany: it was a ‘commission of the past.’ In the meeting held on 31 January 1946 and initiated by the *Deutsche Zentralverwaltung der Justiz* [German Central Administration of Justice – DZVJ], at least four out of the ten participants had a relevant Nazi past and were former members of Nazi organisations, but also occupied influential positions in the SBZ.⁷⁶⁵ For example, the life paths of Karl Guski, Chief of the DZVJ Department V responsible for legislation and codification; and one of the directors of the DZVJ, Ernst Melsheimer, who was supposedly a friend of Roland Freisler, the notorious President of the People’s Court of the Third Reich, were determined by opportunistic behaviour.⁷⁶⁶ Both can be described as ‘turncoats’: a valid categorisation for many doctors in postwar East Germany.⁷⁶⁷ The situation for Eduard Kohlrausch, a long-standing expert in criminal law since the days of the German Empire, was similar. Despite his involvement in the National Socialist penal system, both Americans and Soviets used his expertise regarding

⁷⁶⁴ “wenn das Arbeitshaus nicht bestünde, müßte es erfunden werden [sic]”. ‘Protokoll über die Sitzung der Kommission zur Prüfung der Frage der Beibehaltung des Arbeitshauses, 1. Januar 1946’: BArch, DP 1/6935, unpaginated.

⁷⁶⁵ Ibid.; For biographical information of most people who participated in this commission, see Wentker, pp. 42, 53–59, 65–68, 122, 203–04.

⁷⁶⁶ For more details about their life paths in the Third Reich and in the postwar era, see Wentker, *Justiz in der SBZ/DDR 1945-1953*, pp. 53, 67, 254.

⁷⁶⁷ See Chapter 2.

legal questions.⁷⁶⁸ As Sven Korzilius concludes, Kohlrausch was the embodiment of past mentalities and beliefs.⁷⁶⁹ Therefore, he stands for continuity after 1945. The SMAD even relied on his judgement that “forced sterilisations were not at all a particular National Socialist understanding”, which exculpated doctors involved in this Nazi practice and potential medical crime in general.⁷⁷⁰ By contrast, Ernst Scheidges, quoted above, was director of the Workhouse Brauweiler, near Cologne, until 1933. After the Nazis had taken over the government, he was imprisoned due to allegations of corruption, which were initiated to replace him with an NSDAP member.⁷⁷¹ Despite this experience, Scheidges drew the conclusion from his medical memories that workhouses served the state’s interests by reforming ‘socially deviant’ people. Therefore, he was strongly in favour of continuing this practice.⁷⁷² From this starting point, the assessment of an institution like the workhouse had to be biased and blatantly linked to its questionable past. The medical memories and experiences of the people in charge—and here, in the commission—developed their views into a state narrative, which justified both the continuity of, and the confinement of those deemed to be ‘asocial’ into, workhouses in the postwar era.

The politics of medical memories and experiences⁷⁷³ is an important category when analysing the motives, outcomes, and consequences of state narratives and their implications at the local level of society. As already shown in Chapter 4, the selection of

⁷⁶⁸ For an official biography of Eduard Kohlrausch, see Jeanette Gonsor, ‘Eduard Kohlrausch: Rektor der Friedrich-Wilhelms-Universität zu Berlin 1932/33’, *Humboldt-Universität zu Berlin*, 2013 <<https://www.hu-berlin.de/de/ueberblick/geschichte/rektoren/kohlrausch>> [accessed 4 July 2016].

⁷⁶⁹ Korzilius, *‘Asoziale’ und ‘Parasiten’*, pp. 49–50.

⁷⁷⁰ Quotation taken from *ibid.*, pp. 49–50, here 49.

⁷⁷¹ Josef Wißkirchen, ‘Brauweiler bei Köln: Frühes Konzentrationslager in der Provinzial-Anstalt 1933–1934’, in *Konzentrationslager im Rheinland und in Westfalen 1933–1945: Zentrale Steuerung und regionale Initiative*, ed. by Jan Erik Schulte (Paderborn: Schöningh, 2005), pp. 65–86 (p. 65).

⁷⁷² ‘Protokoll über die Sitzung der Kommission zur Prüfung der Frage der Beibehaltung des Arbeitshauses, 1. Januar 1946’: BArch, DP 1/6935, unpaginated. For the situation in Hamburg, see Foitzik, ‘“Sittlich verwahrlost”’, p. 80.

⁷⁷³ In his recent study of chemical and biological warfare research in Porton Down, Ulf Schmidt offers an example for the politics of medical memories regarding the veterans, who were exposed to different

memories, the creation of a ‘para-medicalised’ terminology, and the claims of ‘breaking the silence’ are highly political communication strategies, used to serve the ends of the addressed mnemonic community, such as the ‘traumatised war children’ or the ‘forgotten generation’. In the case of the workhouse, firstly, it suited the new state for cleansing postwar society of disturbing and so-called ‘negative elements’, as well as re-socialising the ‘uprooted’ people. It was furthermore a deterrence (a general preventive effect), encouraging its population to stay away from delinquency, promiscuity, and other criminal activities. Secondly, the commission was very conscious of the history, the (medical) memory of the workhouse. The reflection was expressed, on the one hand, as a concern that the people would view the institution as a punishment and a home of the ‘depraved’ parts of society, which drew on their experiences and the form of treatment within the workhouse of the past. On the other hand, it was used as a justification for its continuous existence, as it would have proven itself a necessity.⁷⁷⁴

The questionable nature of the ‘commission of the past’ found its peak in Kohlrausch’s statement which declared incarceration with indefinite duration in the case of a second confinement in the workhouse an “absolute progress” in the penal system.⁷⁷⁵ The § 42 d, which regulates the confinement into workhouses according to the legal transgressions of § 361 No. 3–5, 6, 6a, and 8,⁷⁷⁶ and § 42 f of the German criminal code, which specifies the length of the stay in this and similar social institutions, were introduced with the ‘Law Against Dangerous Habitual Offenders and Measures for

warfare agents in order to assess their impact on the human nature, and the state’s denial to compensate veterans for their sufferings. Their medical memories and experiences did not fit into the overarching state narrative, which was supposed to portray the United Kingdom as a heroic nation, defeating the Prussians and the Nazis in two world wars. Schmidt, *Secret Science*, chap. 10.

⁷⁷⁴ ‘Protokoll über die Sitzung der Kommission zur Prüfung der Frage der Beibehaltung des Arbeitshauses, 1. Januar 1946’: BArch, DP 1/6935, unpaginated.

⁷⁷⁵ Ibid. For a similar argumentation of the origins and purpose to incarcerate youth for an indefinite period, see Evans, *Life Among the Ruins*, pp. 145–46.

⁷⁷⁶ For § 361 in its form, valid from 1943 until 1953, which targeted inter alia ‘vagabonds,’ ‘beggars,’ ‘workshy’ people, gamblers, and prostitutes, see ‘§ 361 StGB, [30. März 1943–1. Oktober 1953]’, *Lexetius*, 2016 <<http://lexetius.com/StGB/361,8>> [accessed 28 May 2016].

Safeguarding and Bettering’ on 24 November 1933.⁷⁷⁷ This timeframe exposes the fact that this law was created under the shadow of the recent *Ermächtigungsgesetze* [Enabling Acts] after the NSDAP took over the government in March 1933. The subsequent alterations to the criminal code meant a tightening of the penalties and an increased restriction of personal freedom. Kohlrausch belittled the latter with the comment that a “classic libertarian evaluation [emphasis as in the original, M.W.]” of the law might consider it as undemocratic:

However, one has to have the courage now, to admit, that our today’s penalty law as a whole is not purely democratic, but largely designed according to socialist perspectives. It would mean a setback to abandon these socialist achievements.⁷⁷⁸

The effects of Kohlrausch’s statement were twofold. Firstly, he used the ‘old bourgeoisie’ argument and the associated liberal views about personal liberty as a way of demarcating and simultaneously illustrating the deprivation of freedom by this penalty law as a socialist advancement superior to democratic principles. Consequently, he formed a justification and a fitting narrative that incorporated the law, evidently derived from a Third Reich background, into the socialist context. Kohlrausch embraced socialist ideas and tweaked the medical memories of the past into a suitable framework for transferring the workhouse into the postwar era and coming future. Other members of the commission, such as the police and judicial representatives, also argued for the continuation of the law in its 1933 form. Moreover, some disguised the Nazi link by referring to its draft, already

⁷⁷⁷ ‘Gesetz gegen gefährliche Gewohnheitsverbrecher und Maßregeln der Sicherung und Besserung vom 24. November 1933’, *ALEX: Historische Rechts- und Gesetzestexte Online*, 2011, p. 996 <<http://alex.onb.ac.at/cgi-content/alex?aid=dra&datum=1933&page=1120>> [accessed 26 May 2016].

⁷⁷⁸ “klassisch liberalistischer Wertung [...] Man müsse dann aber den Mut haben, sich einzugestehen, unser heutiges Strafrecht als Ganzes sei nicht mehr rein demokratisch, sondern weitgehend unter sozialistischen Gesichtspunkten gestaltet. Es bedeute einen Rückschritt, diese sozialistischen Errungenschaften aufzugeben”. ‘Protokoll über die Sitzung der Kommission zur Prüfung der Frage der Beibehaltung des Arbeitshauses, 1. Januar 1946’: BArch, DP 1/6935, unpaginated.

created in 1927, thus emphasising it as a legacy of the Weimar Republic rather than of the Third Reich.⁷⁷⁹

In the end, the DZVJ Department V concluded in its recommendation and final report of the commission that “the measure of the workhouse in its current form, not only contain[ed] no Nazi elements, but [was] also quite compatible with the democratic views of the time”.⁷⁸⁰ This statement is unsound and represents a clear contradiction of the previous analysis, including the denial of any Nazi legacy.⁷⁸¹ This finding is proven due to the fact that the report of the expert commission adopted the task description of the workhouse from the 1944 version of the ‘Leipzig Commentary to the German Criminal Code’ by Johannes Nagler almost word for word:

The workhouse fulfils a twofold task: it is supposed to educate the workshy and parasitic social neurasthenics (idlers, beggars, vagabonds, prostitutes), through familiarisation with *Zucht* [discipline], obedience, and strict work, to an orderly life; however, if this is unsuccessful, [the workhouse] is supposed to defang this group of labile asocials through *Verwahrung* [safekeeping] with firm work discipline.⁷⁸²

⁷⁷⁹ ‘Protokoll über die Sitzung der Kommission zur Prüfung der Frage der Beibehaltung des Arbeitshauses, 1. Januar 1946’: BArch, DP 1/6935, unpaginated; ‘Grundlage, Zweck, Notwendigkeit und Ausgestaltung der Einrichtung des Arbeitshauses. Referat, erstattet in der Kommission zur Prüfung der Frage der Beibehaltung des Arbeitshauses am 31. Januar 1946 durch Vortragenden Rat Fenner, DJV [DZVJ]’: BArch, DP 1/6935, unpaginated.

⁷⁸⁰ ‘Gutachterliche Äußerung der Gesetzgebungsabteilung der Deutschen Justizverwaltung zur Frage der Beibehaltung des Arbeitshauses, 4. Februar 1946’: BArch, DP 1/6935, unpaginated.

⁷⁸¹ Evans also identifies that the workhouse was “[n]ot simply a throwback to Weimar-era rehabilitative policy, youth penal policy inherited significant Nazi-era measures as well”. Evans, ‘Bahnhof Boys’, p. 634.

⁷⁸² “Es hat eine doppelte Aufgabe: Es soll die arbeitsscheuen und schmarotzenden sozialen Neurastheniker (Müßiggänger, Bettler, Landstreicher, Prostituierte) durch Gewöhnung an Zucht, Gehorsam und strenge Arbeit zu einer geordneten Lebensführung erziehen; falls dies aber nicht gelingt, soll es diese Gruppe labiler Asozialer durch Verwahrung bei fester Arbeitsdisziplin unschädlich machen.” ‘Gutachterliche Äußerung der Gesetzgebungsabteilung der Deutschen Justizverwaltung zur Frage der Beibehaltung des Arbeitshauses, 4. Februar 1946’: BArch, DP 1/6935, unpaginated. For comparison with the original text from Nagler, see the quotation used by Martin Fenner in his paper: ‘Grundlage, Zweck, Notwendigkeit und Ausgestaltung der Einrichtung des Arbeitshauses. Referat, erstattet in der Kommission zur Prüfung der Frage der Beibehaltung des Arbeitshauses am 31. Januar 1946 durch Vortragenden Rat Fenner, DJV [DZVJ]’: BArch, DP 1/6935, unpaginated.

The ‘para-medicalised’, almost militaristic language of this description reveals the continuity of the perception of workhouses and their inmates from the Third Reich into post-war East Germany. Therefore, the outcome of this ‘commission of the past’ was predictable from its assembling onwards. Its problematic conclusion, however, led to issues between the ‘real’ socialists and the ‘old elites’ in the following years. While the latter group was pushing towards a broad application of the criminalised ‘asociality’ and stricter laws, the ‘real’ socialists put their trust in a ‘bright future’. One year after the foundation of the GDR, the party leadership of the SED rejected the proposal of the new Ministry of Labour and Healthcare with the following: “[w]e need to see that the question of prostitution and begging will settle itself through our societal development to such an extent that it will not be a problem anymore”.⁷⁸³ This teleological explanation was always existent in the ‘progressive circles’ who also demanded, as identified in Chapter 3, to ‘de-gender’ the medical and social concept of STDs and promiscuity and to target both men and women.⁷⁸⁴ In the end, however, the ‘old elites’ won the struggle between the competing state narratives after it became apparent that the idealised views of the ‘real’ socialists were not achievable at the local level of society over a short period.⁷⁸⁵ Nonetheless, immediately after the erection of the Berlin Wall in August 1961, the Ministry of Internal Affairs broadened the criminalisation of ‘asocials’ and declared ‘social deviance’ as an ‘individual choice’, as the societal conditions were viewed as ideal for the development of

⁷⁸³ ‘Parteivorstand SED an Herrn Staatssekretär Peschke, Ministerium für Arbeit und Gesundheitswesen, 7. Juli 1950’: BArch, DP 1/7110, Bl. 13.

⁷⁸⁴ For a claim for gender-equality in the measures to confine people in workhouses, see ‘Richtlinien für die Einweisung in die Arbeitskolonne Schönebeck, 10 Oktober 1949’: BArch, DQ 1/292, unpaginated.

⁷⁸⁵ For example, see ‘Vermerk über die Besprechung beim Ministerium für Arbeit am 27. März über die Neuregelung der Arbeitshausfrage, 29. März 1952’: BArch, DP 1/107, Bl. 70; ‘Stellungnahme zum Entwurf zur “Verordnung zur Verhütung und Bekämpfung der Geschlechtskrankheiten”, 29. Juli 1958’: BArch, DQ 1/20626, unpaginated.

every citizen. This shift to individualising deviance, not only justified increased incarceration, but also established a new state narrative denying the existence of social problems in GDR society as a whole.⁷⁸⁶

The section has demonstrated that the state narrative within the proposed concept depends on the people in charge and their medical memories: their past and experiences influenced the medical concepts of the present and future. However, a state narrative needed to respond to societal developments or, as in this case, continuity within influential mnemonic communities, local authorities, and the population. Even, if some state officials with their ideals tried to overcome the old mentalities and stigmatisations, the local level often limited or hindered its implementation. Therefore, the state narrative had to be adapted to suit the majority of people in order to convince them of the socialist project. In this process, the state created an identity in defining ‘social deviance’ or what ‘they’ are not. Therefore, in the Goffmanian sense, inmates of the *Fürsorgeheim Leuben* and similar institutions served as the societal mirror for the state to demarcate the ‘socialist identity’ from the ‘depraved’ one.⁷⁸⁷ In the end, a state narrative, also in the medical sense, is always written to legitimise the present state of affairs and broadly accepted definitions of ‘normal’ and ‘abnormal’ social conduct within a society.

Future studies could continue to investigate the complex interdependencies between the medical memories of influential societal agents, local communities, and the state to achieve legitimization of actions and stigmatisations as well as medical diagnoses and treatments. For example, how did the treatment of prostitutes correspond to the changing state narratives over the time? Why were most of the doctors unaware about

⁷⁸⁶ As Verena Zimmermann concludes, admitting the existence of social problems in the GDR would question the system as a whole. Verena Zimmermann, *‘Den neuen Menschen schaffen’: Die Umerziehung von schwererziehbaren und straffälligen Jugendlichen in der DDR (1945–1990)* (Cologne: Böhlau, 2004), p. 237.

⁷⁸⁷ Goffman, *Behavior in Public Places*, p. 248.

the social construction of many medical diagnoses, which they applied in their everyday routine? What ethical ramifications did this ignorance have on the doctor–patient relationship? These are only a few questions which could be investigated with the help of the concept of medical memories and experiences. Consequently, the state level does not exist on its own, but requires the input of other levels and vice versa. For the workhouse, the state narrative relied on the enthusiasm of local authorities and the superintendents who, with the support of the upper echelons, implemented and developed this concept further. In the case of the *Fürsorgeheim Leuben*, it was in Director Hofmann that the state found a keen proponent for converting the care home back into a workhouse in 1949.⁷⁸⁸

⁷⁸⁸ For the decision to convert Leuben back into a workhouse for ‘promiscuous’ women and girls on 1 July 1949, see ‘Aktennotiz’: BArch, DQ 1/2209, Bl. 430.

5.2 Medical Memories of the Institution: The History and Use of the *Fürsorgeheim Leuben* in Dresden

*Just as the inmates in their variation reflect the extent of the collapse in 1945, then also gradually, the reduction of the occupancy of the institution, as well as the permanent structural improvement, reveals the steady rise of our German Democratic Republic by its own efforts.*⁷⁸⁹

Report about the Fürsorgeheim, 1952

The previous section has demonstrated how authorities often idealised the workhouse and its usefulness, viewing this institution as a welcome solution for the perceived widespread ‘promiscuity’ and ‘social deviance’ among the East German population after the Second World War. In the quotation above, the *Fürsorgeheim Leuben* was described as a mirror of society, which, firstly, showed the disastrous situation in 1945, the widespread depravity and the general displacement of the people. Secondly, the author underlined, how the socialist development had improved conditions, exemplified by the reduction of inmates and the general upgrading of facilities. By 1952, the institution was thus fully integrated into the political and ideological narrative of the GDR—either by the state or, in this case, by staff and superintendents, who reported to the Health Ministry and justified the existence of the workhouse by emphasising its successes. This section examines how the state narrative was transferred onto an institutional level, and if and how this was reflected in its architecture and design. Moreover, the analysis illustrates the limitations of the state narrative being implemented at the local level. For example, it shows how

⁷⁸⁹ “So wie die Heimbewohner in ihrer Buntheit das Ausmaß des Zusammenbruchs von 1945 widerspiegeln, so zeigte sich nach und nach in der Klärung der Belegung des Heimes und einer dauernden baulichen Verbesserung auch der stetige Aufstieg unserer Deutschen Demokratischen Republik aus eigener Kraft”. ‘Bericht über das Heim, 3. September 1952’: BArch, DQ 1/20619, unpaginated.

local authorities established their vision of a successful reformatory along the ideological parameters of the state, as well as the necessities and situation on-site.

The *Fürsorgeheim Leuben* was created in 1883 and was since then subject to name changes, extensions, and the construction of new buildings designed to expand the numbers and the types of inmates. These included beggars, vagabonds, orphans, prostitutes, moronic and imbecilic people, underlining the multifunctional use of this workhouse by the city council.⁷⁹⁰ The medical memories embedded in this institution, however, were composed of problematic events: in 1916, decreased food rations caused by the First World War led to 46 deaths through malnourishment among prisoners.⁷⁹¹ In the late 1920s, inmates scornfully called the food received in the *Fürsorgeheim*, ‘cow pats’, indicating that the living situation in this institution was harsh and a danger to their health. The disregarding of their criticism by staff eventually led to a mutiny in this care home in 1929, in which a few buildings were set on fire. In the end, the rebellion was fended off, and its leaders sentenced to incarceration in penitentiaries.⁷⁹² Due to the association of these medical memories, the reputation of the Leuben workhouse was poor among inmates and the local population.⁷⁹³ Postwar East Germany would need to re-brand and re-define the institution if it wanted to continue to use it as a reformatory within the ever-growing suburb of Dresden.

A report from September 1945 stated that “[w]hen someone knows the conditions in the barrack[camp]s, then the infirm in Leuben lead, and it is truly welcomed, an idyllic

⁷⁹⁰ ‘Ausschnitt aus dem Dresdner Anzeiger vom 21. April 1922’: StA DD, Fürsorgeamt, 2.3.25, AV III Arbeitsanstalt, Rep. II: Anstaltsverwaltung, Section B: Die Organisation der Anstalt, Nr. 12, Bl. 57. For the documents about the acquisition of this farm by the city council and the extension and construction of new buildings, see StA DD, Bauamt, 8.22, Nr. 1205, unpaginated; StA DD, Bauamt, 8.22, Nr. 1206, unpaginated.

⁷⁹¹ Annette Dubbers, *Leuben: Aus der Geschichte eines Dresdner Stadtteils* (Dresden: Dubbers, 2005), pp. 33–34.

⁷⁹² Ibid.

⁷⁹³ For example, see the report about the problematic perception of Leuben by the population and inmates, in ‘Fürsorgeheim Leuben, 13. März 1933’: StA DD, Fürsorgeamt, 2.3.25, Nr. 338, Bl. 53.

existence [emphasis as in the original, M.W.]”.⁷⁹⁴ The euphemistic description of this home by local authorities clarifies that the *Fürsorgeheim* rested on a status quo in the immediate postwar period. As in the Western Zones, it appears that the occupying power initially released inmates out of suspicion that those were held there for political reasons. Subsequently, the future of the institute remained initially uncertain.⁷⁹⁵ In autumn 1945, Leuben was described as a nursing home and hospital and thus housed only the elderly and infirm. However, several women still incarcerated under the former workhouse regulations were also in this institution.⁷⁹⁶ Considering that Leuben would have had up to 310 inmates in the following years, the *Fürsorgeheim* with its 99 inhabitants in September 1945, the surrounding condition of a bombed-out city, and the completely intact institution could give the impression of an ‘idyllic’ island amidst the chaos. Nevertheless, the composition of inmates changed quickly: soon after this report, the Social Welfare Department of Dresden seized Leuben to accommodate the ‘endangered youth’, who otherwise would have been homeless and neglected in the streets of Dresden—a group explored in Chapter 4.⁷⁹⁷ As a result, the *Fürsorgeheim* became a reformatory again at the end of 1945.

Nevertheless, ‘uprooted’ adolescents were not the only group of inmates that have been discussed in this thesis. As shown in Chapter 3, the Soviet and East German authorities implemented strict medical monitoring, especially regarding STDs, to curb the spread of certain diseases after 1945. In their directives they also decided that people displaying ‘frequent promiscuous behaviour’—so-called hwG-people—who were

⁷⁹⁴ ‘Bericht Betr. Altersheim und Krankenhaus Leuben, 7. September 1945’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 1.

⁷⁹⁵ Ayaß, *Das Arbeitshaus Breitenau*, pp. 328–33; Elling-Ruhwinkel, *Sichern und Strafen*, p. 371.

⁷⁹⁶ ‘Bericht Betr. Altersheim und Krankenhaus Leuben, 7. September 1945’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 1.

⁷⁹⁷ For the use of the *Fürsorgeheim Leuben* after 1945, see ‘Bericht über die Aufbauarbeit der Sozialen Fürsorge auf dem Gebiete des Anstalts- und Heimwesens der Stadt Dresden, [1951?]’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 69, Bl. 184.

declared as ‘workshy’, ‘imbeciles’, and potential sources of infection, could be sentenced to incarceration in workhouses following an initial stay in prison.⁷⁹⁸ Therefore, state authorities instructed that all East German regions had to create suitable institutions for this procedure in the suburbs of their cities. From the perspective of the available archival files, this development was independent of the DZVJ decision to continue the institution, as discussed in section one. Instead, as Korzilius recognises as well, it was SMAD Command 030 that was ultimately decisive in re-introducing the workhouse into the SBZ in 1946.⁷⁹⁹

In Dresden, local health authorities seized the *Fürsorgeheim Leuben* for this purpose of medical and social control. This decision was made not only due to the general lack of housing, but also because Leuben was readily available to become a ‘total institution’ after the Second World War again.⁸⁰⁰ After the announcement of Command 030 of 12 February 1946 and the subsequent Directive 64 of the Soviet Military Administration of Saxony [SMAS], released on 4 March 1946, the re-instated *Fürsorgeanstalt Leuben* [Care Asylum Leuben] was split into two departments: one ‘common’ and one ‘special’. The former was still used by Dresden’s Social Welfare Department for the ‘troubled youth’, whereas the ‘special department’ was “an institution for safekeeping, compulsory treatment, and education through work for STD cases”.⁸⁰¹ The institution’s House H was utilised for these social and medical monitoring procedures. House H had been purpose-built as an

⁷⁹⁸ See Chapter 3.3. For a comparison with the medical and social control regarding STDs in postwar Hamburg, see Foitzik, “Sittlich verwahrlost”, pp. 74–80.

⁷⁹⁹ Korzilius, *‘Asoziale’ und ‘Parasiten’*, pp. 72–73. Korzilius also argues that due to similar Soviet laws and views regarding re-socialisation and re-education in ‘total institutions’, the SMAD was willing to allow the retention of the workhouse in the SBZ. Korzilius, *‘Asoziale’ und ‘Parasiten’*, p. 71.

⁸⁰⁰ ‘Bericht über die Aufbauarbeit der Sozialen Fürsorge auf dem Gebiete des Anstalts- und Heimwesens der Stadt Dresden, [1951?]’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 69, Bl. 184; ‘Fürsorgeheim Leuben, 10. Februar 1947’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 10.

⁸⁰¹ ‘Dienstvorschrift für die Fürsorgeanstalt Leuben, [mid-1946?]’: StA DD, Fürsorgeamt, 2.3.25, Nr. 339, Bl. 107.

infirmary in 1894 [Ha], extended in 1907 [Hb], and had contained an STD ward since June 1932.⁸⁰²

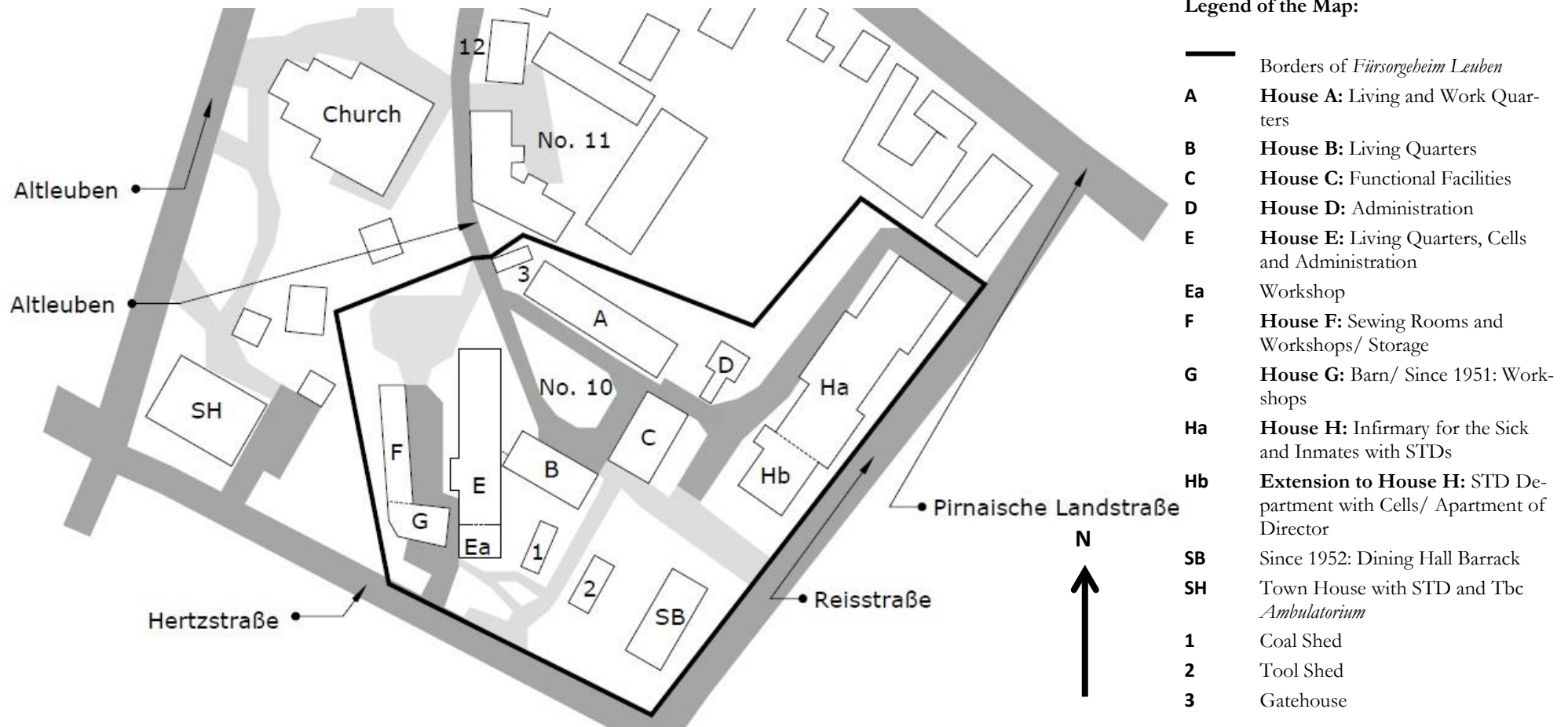
Analysing the plan of the *Fürsorgeheim Leuben* in Figure 16 (p. 266), it is visible that its layout was not ideal for this dual-purpose. Houses A, B and E, which consisted of dormitories, common rooms, and some functional spaces, inhabited ‘uprooted’, ‘depraved’ and difficult adolescents in 1947. As a result, Dresden’s Social Welfare Mayor, Martin Richter⁸⁰³ complained to the city council and Saxony’s Ministry of Labour and Social Welfare, criticising the confiscation of the entire House H as an STD lock ward for allegedly ‘promiscuous’ women. He stated that “[t]he danger of communal living [in this institution] between troubled boys, and girls who are riddled with STDs and more or less declining into prostitution, does not need any further explanations”.⁸⁰⁴ However, the mayor’s concerns and reference to the promise that the use of Leuben according to Command 030 would be only a ‘temporary solution’ were not acted upon. Instead, Leuben increased its binary character, not least due to some strong proponents of tightening the laws against women deemed to be ‘promiscuous’. The Director of the *Fürsorgeheim Leuben*, Hofmann, approached the City Council of Dresden with his ‘Thoughts regarding the Establishment of a Workhouse’ in June 1949. This paper is the best example of Rothman and Yanni’s observation that superintendents tried to implement their vision of society inside their own institutions and bears witness to the medical

⁸⁰² For the documents regarding the extension and construction of House H, the infirmary, see StA DD, Bauamt, 8.22, Nr. 1206, unpaginated.

⁸⁰³ For his biography as a disputed postwar figure in Dresden, see Jörg Osterloh, “Der Totenwald von Zeithain”: Die sowjetische Besatzungsmacht und die Untersuchung des Massensterbens im Stalag 204 (IV H) Zeithain, in *Von Stalingrad zur SBZ: Sachsen 1943 bis 1949*, ed. by Mike Schmeitzner, Clemens Vollnhals, and Francesca Weil (Göttingen: Vandenhoeck & Ruprecht, 2016), pp. 329–52 (p. 348).

⁸⁰⁴ ‘Fürsorgeheim Leuben, 10. Februar 1947’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 10. For Richter’s letter to the Saxon Ministry of Labour and Social Welfare, see ‘An die Landesregierung Sachsen, Ministerium für Arbeit und Sozialfürsorge, 17. Mai 1947’: StA DD, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 108.

Figure 16: Plan of the *Fürsorgeheim Leuben* and Its Surroundings with Street Names in Dresden in Its State Around 1952



Note: The plan is only an approximation to the actual scale and was created with SketchUp, using Google Maps and the information from the following archival sources: StA DD, 8.22, Bauamt, Nr. 1205, unpaginated; StA DD, 8.22, Bauamt, Nr. 1206, unpaginated; StA DD, 10, Bau- und Grundstücksakten, Nr. 37116.

memories, engraved in these buildings and in the minds of the people in charge.⁸⁰⁵ While discussing the circle of individuals, who would be confined in this ‘new’ workhouse, and the potential reasons for their social negligence, Hofmann strikingly pointed towards a continuity: “the women and girls who [would] be admitted, [were] probably even personally known to us due to our activity during the time of the hospital [in House H] and thus the personnel [was] familiar with their peculiarities”.⁸⁰⁶ The statement alone reveals that the target—‘promiscuous’ women—would not change, but rather the custody increased and the rules tightened. The legal basis for this extended incarceration of mainly ‘promiscuous’ women was the new SMAD Command 273 regarding STDs and prostitution. The directive that came into force at the beginning of 1948 represented an increase of punishments despite the drastic decline of STDs, shown in Chapter 3.⁸⁰⁷ Notwithstanding Richter’s complaints, Hofmann planned to make House A the main building of the new workhouse, meaning another loss in capacity for the ‘troubled boys’.⁸⁰⁸ Instead, the director’s expectations were exceeded in the end. He proposed to house eighty inmates, but a note from August 1949, shortly after the workhouse was established, spoke of “200 beds [...] for roving girls”.⁸⁰⁹ Leuben was thus a multifunctional institution for social and medical control, while its initially desired specialisation was ultimately abandoned in 1949.

⁸⁰⁵ Rothman, *The Discovery of the Asylum*, p. 154; Yanni, *The Architecture of Madness*, p. 11.

⁸⁰⁶ ‘Übersendung eines Diskussionsbeitrages, Gedanken zur Errichtung eines Arbeitshauses, Anstaltsdirektor Hofmann, 16. Juni 1949’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 93.

⁸⁰⁷ See Chapter 3.3. ‘Übersendung eines Diskussionsbeitrages, Gedanken zur Errichtung eines Arbeitshauses, Anstaltsdirektor Hofmann, 16. Juni 1949’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 93.

⁸⁰⁸ ‘Übersendung eines Diskussionsbeitrages, Gedanken zur Errichtung eines Arbeitshauses, Anstaltsdirektor Hofmann, 16. Juni 1949’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 93.

⁸⁰⁹ ‘Aktennotiz, 26. August 1949’: DQ 1/2209, Bl. 430.

The plan of the *Fürsorgeheim Leuben* in Figure 16 (p. 266) reveals that this institution was not a typical workhouse, rather, due to its former use as a farm, it was more a decentralised complex of buildings.⁸¹⁰ As a result, it was a difficult undertaking to establish a ‘total institution’ here, not least because its surroundings and layout could not prevent escapes: a report from August 1947 noted that ten inmates had disappeared from Leuben in a single month.⁸¹¹ Inside the buildings, however, the *Fürsorgeheim* was fully equipped to function as the desired institution. Alongside basic facilities like kitchen, bathrooms, administration rooms, and dormitories,⁸¹² ancillary buildings offered workshops and sewing rooms for implementing regulated workdays for inmates, separate day rooms for different leisure activities, dish washing and potato peeling rooms, and cells for those who contravened house rules. Provision for the latter was increased during the years of its existence, and in House H individual cells were created for offenders suffering from STDs.⁸¹³ The continuity of the arrangements inside and outside of the buildings throughout the decades of its existence and into the postwar period is also reflected in Superintendent Hofmann’s proposals. In his vision, re-education through work and the familiarisation of inmates to a regulated daily life was his highest aim—as it had been the proclaimed purpose of workhouses in the past.⁸¹⁴ Even with his attempts to distinguish his plans from old methods, Hofmann was trapped in the medical memories and perception of this institution.⁸¹⁵ As a ‘new’ educational scheme, he envisioned a system of different

⁸¹⁰ Leuben stood in contrast to the establishment of workhouses in former ‘total institutions’ such as monasteries, for example in the case of Breitenau: Ayaß, *Das Arbeitshaus Breitenau*, pp. 69–78. An exception to the rule is the Care Home in Olten, Switzerland, which was newly built and designed for its purposes: Adolf Spring, ‘Alters- und Fürsorgeheim Ruttigerhof bei Olten’, *Schweizerische Bauzeitung*, 111 (1938), 140–42.

⁸¹¹ For concerns regarding the escape of inmates and the problematic security standards of the *Fürsorgeheim Leuben*, see ‘Behandlung von Untersuchungshäftlingen und Insassen von Strafanstalten in Leuben, 2. August 1947’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 84, Bl. 49.

⁸¹² Goffman identified the existence of dormitories or common sleeping rooms as a typical humiliating practice in ‘total institution’. Goffman, *Asylums*, p. 32.

⁸¹³ StA DD, 8.22, Bauamt, Nr. 1206, unpaginated; StA DD, Bau- und Grundstücksakten, 10, Nr. 37116.

⁸¹⁴ Ayaß, *Das Arbeitshaus Breitenau*, pp. 40–42; Elling-Ruhwinkel, *Sichern und Strafen*, pp. 17–26.

⁸¹⁵ An example represented a report from 1958, in which the author still emphasised the punitive character of the institution. [Without Title], 23. Oktober 1958: BArch, DQ 1/20619, unpaginated.

levels of freedom in Leuben, within which the inmates were promoted or relegated according to their behaviour and work ethics, “whereas the best group should have the nicest recreation rooms and the greatest freedoms”.⁸¹⁶ His proposed reward system for obedient inmates was, however, not unique to the postwar period, having existed in various forms throughout the history of reformatories, workhouses, and asylums.⁸¹⁷

Nevertheless, one of the new features was the growing political influence over the workhouse. Hofmann not only planned political education, but also intended to establish branches of GDR political organisations, such as the FDGB, FDJ, and the *Demokratischer Frauenbund Deutschlands* [Democratic Women Association of Germany – DFD] within the walls of the *Fürsorgeheim Leuben*. His attempt, as well as the previous analysis, reveals two important insights into his views: firstly, Hofmann rejected any monotonous or meaningless work for inmates, which was the problem of workhouses of the past.⁸¹⁸ Instead, he demanded their involvement in the real economy of the GDR. Furthermore, the inclusion of the political and societal environment in this institution proves the hypothesis that he, as the superintendent, wanted to create a microcosm of socialist society within Leuben.⁸¹⁹ Secondly, Hofmann, with the previous aim in mind, also wanted to import the outside world inside the institution. He was aware of the danger of inmates’

⁸¹⁶ ‘Übersendung eines Diskussionsbeitrages, Gedanken zur Errichtung eines Arbeitshauses, Anstaltsdirektor Hofmann, 16. Juni 1949’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 94.

⁸¹⁷ For the best example for this claim, see the study of Anne Digby about the York Retreat and its history of treating its mental patients. Anne Digby, *Madness, Morality, and Medicine: A Study of the York Retreat, 1796–1914* (New York: Cambridge University Press, 1985). Goffman described the system of privileges and punishments as a guideline for inmates to become “a model of conduct that is at once ideal and staff-sponsored—a model felt by its advocates to be in the best interests of the very persons to whom it is applied (p. 64)”. Goffman, *Asylums*, pp. 51, 63–64.

⁸¹⁸ Goffman concluded that most of the work in asylums was ‘demoralising’ and the inmates plagued by boredom. Goffman, *Asylums*, p. 21.

⁸¹⁹ Rothman, *The Discovery of the Asylum*, p. 154. ‘Übersendung eines Diskussionsbeitrages, Gedanken zur Errichtung eines Arbeitshauses, Anstaltsdirektor Hofmann, 16. Juni 1949’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 95.

estrangement from the reality of society, which was subject to Goffman's analysis of patients in asylums.⁸²⁰ Therefore, he urged the extension of aftercare for inmates so as to successfully integrate them back into society and avoid their return to Leuben.⁸²¹ However, a report of the Social Welfare Department of Dresden from 1951 reveals that Hofmann's suggestions remained an idealised vision. Despite the creation of the workhouse on 1 July 1949, problems of re-education and re-integration remained the same and the largest contingent of inmates were so-called 'regulars'—a fact which is investigated in more detail in the fourth section of this chapter.⁸²²

In general, the medical memories and experiences associated with Leuben as a workhouse were seen as detrimental to its goals, the superintendent's vision, the inmates' future, and the state's reputation among the local population. Therefore, two months after re-establishing a workhouse in the *Fürsorgeheim Leuben*, it was re-branded as *Heim für soziale Betreuung* (Home for Social Care).⁸²³ The new name was a disguise for the actual continuity of institutionalised medical memories in the form of its arrangement, medical concepts, purposes, and the confined groups of people, analysed in this section.

In summary, the level of the institution within the proposed concept of medical memories and experiences discloses not only the survival of buildings as such, but also the concepts projected on them by authorities, doctors, inmates, and the general public.

⁸²⁰ Goffman, *Asylums*, pp. 23–25, 71. 'Übersendung eines Diskussionsbeitrages, Gedanken zur Errichtung eines Arbeitshauses, Anstaltsdirektor Hofmann, 16. Juni 1949': StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 95.

⁸²¹ 'Übersendung eines Diskussionsbeitrages, Gedanken zur Errichtung eines Arbeitshauses, Anstaltsdirektor Hofmann, 16. Juni 1949': StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 95.

⁸²² 'Aus der Arbeit der Abteilung Sozialwesen im Jahre 1951, 17. Januar 1952': StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 69, Bl. 75.

⁸²³ 'Aktenvermerk über die Dienstreise nach Dresden, Leipzig, Freiberg, Chemnitz (Land Sachsen) in der Zeit vom 12. bis einschließlich 16. Dezember 1949': BArch, DQ 1/20626, unpaginated; 'Heim für soziale Betreuung, 3. Januar 1953': BArch, DQ 1/20626, unpaginated. Verena Zimmermann and Uta Falck claim that *Heime für soziale Betreuung* were not created before 1955, which this study could refute; both, however, also identify that the rebranding was a conscious decision to disguise the inherent tradition of the workhouse. Zimmermann, 'Den neuen Menschen schaffen', p. 227; Uta Falck, *VEB Bordell: Geschichte der Prostitution in der DDR* (Berlin: Links, 1998), p. 65.

By moving away from the outside perspective of appearance and layout, the concept encompasses the inside of the buildings, the design, the utilisation, and the subsequent experiences of individuals working and living in them. Consequently, architecture, often connected with medical and social concepts regarding the function of an institution, plays a major role in the analysis: the walls—in a metaphorical sense—carry the memory of contemporary attitudes towards disease and ‘social deviance’, as well as their interrelationship. Therefore, the question could be raised whether the number of cells echoed an increasingly broad definition of ‘social deviance’ and subsequent confinement? How far did the design of the institution reflect the deprivation of privacy, especially for proclaimed ‘promiscuous’ women?⁸²⁴ Is it possible to identify legacies of medical memories in the retention of institutions, their functions, and layouts? Additionally, the focus of interest could be shifted towards the furniture and medical equipment, used inside medical facilities. For example, did the medical profession withhold or delay the introduction of new equipment or easier methods of treatment into the workhouse in order to increase the deterrence lesson for inmates? Chapter 3 identified that some doctors in the GDR saw their roles not only from a medical, but also from a social perspective and thus differentiated how they treated ‘normal’ and ‘promiscuous’ people with STDs.

Using the *Fürsorgeheim Leuben* as a case study for this level of the concept of medical memories and experiences clarified that buildings have ‘memories’, which affected their present use and prospects. Nevertheless, the desire to confine people deemed to be ‘socially deviant’ into workhouses was not limited to the medical profession, but also involved judicial, police, and social departments—of which all had different expectations and memories of this institution. As a result, the interdisciplinary cooperation caused a struggle over competencies, funding, and responsibilities regarding Leuben: a

⁸²⁴ Goffman identified that the deprivation and constant penetration of an inmate’s private sphere was the key feature that separates a ‘total institution’ from any other forms. Goffman, *Asylums*, pp. 18, 36.

competition of mnemonic communities over medical memories and the official narrative at the local level.

5.3 Medical Memories of Mnemonic Communities: The Competence Struggle Between the Departments of Health, Justice, Police, and Social Welfare over Leuben

*This group of people does not belong to the public sphere, without them being thoroughly educated first.*⁸²⁵

The Report of Dresden's Social Welfare Department to the GDR Ministry of Labour Regarding the Inmates of Leuben's Home for Social Care, 1953

One aspect united all departments involved in the setup and maintenance of the workhouse: those deemed to be unfit for society had to be confined to a 'total institution' and, according to the quotation above, re-educated. However, the health, judicial, police, and social authorities often disagreed about the practical implementation of state policies at the local level, determined by diverse views on, and medical memories of, this institution. Therefore, each of these professions can be described as a mnemonic community similar to a village:⁸²⁶ they were composed of heterogeneous individuals who shared a similar life path and thus (medical) memories were part of their social bond. With this basis of a constructed common identity, they achieved an internal closure and a common narrative that protected members from outside attacks and enabled them to pursue a potentially unambiguous (political) strategy, as identified in Chapter 4 for the mnemonic community of the 'Forgotten War Children' today.

⁸²⁵ "Dieser Personenkreis gehört nicht in die Öffentlichkeit, ohne daß eine Erziehungsarbeit an ihm geleistet worden ist [sic]". 'Heim für soziale Betreuung, Dresden, 3. Januar 1953': BArch, DQ 1/20619, unpaginated.

⁸²⁶ For example, see Cappelletto's study of an Italian village as a mnemonic community. Cappelletto, 'Introduction', pp. 4–5.

In this section, I examine how all four departments stressed the functionality of the *Fürsorgeheim Leuben* in their political strategy and narrative. However, none of these professions initially wanted to take over full responsibility and funding of this institution.⁸²⁷ In theory for this particular case, Dresden's Justice Department was responsible for confining people to the institution, and the police for guarding them. Dresden's Health Department, on the other hand, was in charge of providing medical services and the Social Welfare Department of educating and organising work for inmates.⁸²⁸ This description alone indicates that overlapping competencies could potentially create conflicts at the local level. Therefore, the following reveals how the state narrative and institutional memories discussed in previous sections affected mnemonic communities at the local level, especially regarding their aims for this particular institution, and the integration of both other levels into the local narrative in order to justify the use of the *Fürsorgeheim Leuben* for official purposes. To reach this understanding with the concept of medical memories, two examples are given, in which the perceptions of different professions conflicted with each other: the question of the Leuben's utilisation after the war and the debate about the dissolution of this institution in the mid-1950s.

After the *Fürsorgeheim Leuben* had been selected for imprisoning 'promiscuous' people in 1946, Saxony's Department of Justice made clear that they refused to fund this form of workhouse as it was seen as an extra-judicial institution. They stated that it "was never covered by the budget of the judicial administration [emphasis as in the original, M.W.]" and thus represented an extra financial expenditure, which they declined to take on.⁸²⁹ The department of social welfare and the department of health also came into

⁸²⁷ For the problems regarding costs incurred by Leuben, see 'Arbeitshaus, 22. Juli 1946': BArch, DP 1/106, Bl. 11; 'Offene Abteilung für Geschlechtskranke, 29. April 1947': StA DD, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 109a.

⁸²⁸ For the split of competencies, see 'Unterbringung von etwa 40 geschlechtskranken Männern aus dem Behelfskrankenhaus Winterbergstraße im Fürsorgeheim Dresden-Leuben, 9. Februar 1948': StA DD, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 133.

⁸²⁹ 'Arbeitshaus, 22. Juli 1946': BArch, DP 1/106, Bl. 11

conflict with each other over the demarcation of competencies and, especially, the question over which department had to pay the costs of an in-patient's stay.⁸³⁰ All three agreed that this institution was a necessity, but none claimed sole responsibility for an endeavour, wherein the medical memories were conflated with the negative connotations of penitentiaries and asylums of the past.⁸³¹ The resulting contest over competencies, in particular between Dresden's Social Welfare and Health Departments, was reflected in the organisation of Leuben itself: they established a dual-leadership, shared between the superintendent and the medical director.⁸³² This condition caused persistent problems inside and outside of the *Fürsorgeheim* in the form of struggles between social and medical superintendents: the on-site embodiments of two competing local departments.

As previously mentioned, Richter, the Social Welfare Mayor in Dresden, complained to Saxony's State Government in May 1947 that they had promised that the *Fürsorgeheim Leuben* would only be seized temporarily by the health department. The decision to continue and even extend its use for imprisoning 'promiscuous' women hampered, according to Richter, the education of the 'difficult' youth, for whom his social welfare department was responsible.⁸³³ However, the Head Department of Healthcare at Saxony's Ministry of Labour and Social Welfare disregarded his complaint, referring to the persistent lack of appropriate housing.⁸³⁴ The refusal by governmental bodies caused frustration and protest at the local level and, one year later in February 1948, the revenge

⁸³⁰ 'Offene Abteilung für Geschlechtskranke, 29. April 1947': StA DD, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 109a, 109b.

⁸³¹ Already in the newspaper article from 1922, the author argued that the outcome and usefulness of the workhouse was highly disputed. 'Ausschnitt aus dem Dresdner Anzeiger vom 21. April 1922': StA DD, Fürsorgeamt, 2.3.25, AV III Arbeitsanstalt, Rep. II: Anstaltsverwaltung, Section B: Die Organisation der Anstalt, Nr. 12, Bl. 57.

⁸³² For the responsibilities and overlapping competencies of this dual-leadership of the *Fürsorgeheim Leuben*, see 'Dienstvorschrift für die Fürsorgeanstalt Leuben, [mid-1946?]: StA DD, Fürsorgeamt, 2.3.25, Nr. 339, Bl. 107.

⁸³³ 'An die Landesregierung Sachsen, Ministerium für Arbeit und Sozialfürsorge, 17. Mai 1947': StA DD, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 108.

⁸³⁴ 'Fürsorgeheim Leuben, 28. Mai 1947': StA DD, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 109.

of the social welfare department followed, as described by Hering, the Medical Director of Leuben:

After my return from holiday on the 2.2.48, I was confronted with accomplished facts [...] From the *Fürsorgeheim Leuben*, which serves the curbing of STDs and is subject to the SMAD Command 030, half of the rooms and beds [...] were seized by social welfare without authorisation during my holiday. [...] For this reason, I, as the Medical Director, cannot take responsibility for the non-implementation of Command 030.⁸³⁵

The exact circumstances of this dispute remain unclear, and the analysis is based on the potentially biased reports of competing departments. However, the description of Hering alone reveals the deep divide between the healthcare and social welfare departments. The latter in the person of Director Hofmann responded promptly, stating that “Dr Hering based his statement on the erroneous assumption that he, as the Medical Director [of Leuben], carr[ie]d sole responsibility for the implementation of Command 030”.⁸³⁶ The superintendent claimed that the social welfare department was the institution’s main authority, as the central task was ministering to the education and reform of ‘socially deviant’ people. While emphasising that the number of 300 beds for ‘promiscuous’ women were never fully used, Hofmann criticised the fact that the fifty inmates of the reformatory department of Leuben—the ‘uprooted’ youth—worked in the fields and garden, cooked food, and washed or repaired the clothes of the people with STDs: “[t]his, however, [could] not be the task of a reformatory, to carry out the *Schmutzarbeiten* [dirty work] [...] for the people with STDs, who [were] subject to Command 030”.⁸³⁷ Therefore,

⁸³⁵ “Nach Rückkehr aus meinem Urlaub am 2.2.48 wurde ich [...] vor vollendete Tatsachen gestellt. Dem Fürsorgeheim Leuben, das der Geschlechtskrankenbekämpfung dient und dem SMA-Befehl 030 unterliegt, wurden eigenmächtig von Seiten der sozialen Fürsorge in der Zeit meinesurlaubes die Hälfte der Räumlichkeiten und Bettenzahl [...] entzogen. [...] Damit kann ich als leitender Arzt die Verantwortung für die Nichtdurchführung des Befehls 030 nicht übernehmen”. ‘Abschrift, Herrn Stadtrat Prof. Dr. Hübner, 5. Februar 1948’: StA DD, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 135.

⁸³⁶ ‘Unterbringung von etwa 40 geschlechtskranken Männern aus dem Behelfskrankenhaus Winterbergstraße im Fürsorgeheim Dresden-Leuben, 9. Februar 1948’: StA DD, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 133.

⁸³⁷ *Ibid.*, Bl. 134.

he demanded that only House H should be used by the health department for ‘promiscuous’ people and the rest of the *Fürsorgeheim Leuben* utilised for the ‘difficult’ youth.⁸³⁸

The competing narratives of two mnemonic communities came into conflict over the functionality of Leuben. The health department’s interest was to increase the capacity of the *Fürsorgeheim* for their purposes, firstly, because they wanted to ‘purge’ their other medical institutions of the hwG-people, as required by Command 030. Secondly, according to the health department’s medical memories and experiences, the medical treatment of patients who acquired STDs multiple times due to their ‘deviant’ lifestyles was not alone sufficient and a subsequent deterrent lesson should be applied.⁸³⁹ For this educational standpoint, the health department needed, in the case of Dresden, the *Fürsorgeheim Leuben*. Nevertheless, the social welfare department had similar interests but for a broader spectrum of people: the criminal, ‘uprooted’, neglected, and homeless youth. For them, these adolescents represented the more urgent issue; the widespread STDs were only part of a grander problem. Therefore, their medicalised concepts of ‘social deviance’ required the reformatory to educate the ‘new generation’; otherwise, they argued, the confinement of these people was “an eternal cycle, which [could] not be combated with medicine but only with education”.⁸⁴⁰

The seizure of large parts of Leuben by the health department without an actual utilisation was seen as hampering the aims of the social welfare department. One year later, however, Superintendent Hofmann and Medical Director Hering appeared to have

⁸³⁸ ‘Unterbringung von etwa 40 geschlechtskranken Männern aus dem Behelfskrankenhaus Winterbergstraße im Fürsorgeheim Dresden-Leuben, 9. Februar 1948’: StA DD, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 134.

⁸³⁹ ‘Unterbringung im Arbeitshaus Dresden-Leuben, 17. Oktober 1949’: BArch, DP 1/7110, Bl. 4.

⁸⁴⁰ ‘Unterbringung von etwa 40 geschlechtskranken Männern aus dem Behelfskrankenhaus Winterbergstraße im Fürsorgeheim Dresden-Leuben, 9. Februar 1948’: StA DD, Fürsorgeamt, 2.3.25, AV I, Nr. 647, Bl. 133.

reached an agreement, as was discussed in the previous section: the re-establishment of the workhouse within the *Fürsorgeheim Leuben*, or as *Heim für soziale Betreuung* for ‘promiscuous’ women, combining medical and social control and the goals of both departments.

The putative unity among healthcare and social welfare authorities was tightened due to an external threat: at the end of 1952, the state level approached Saxony with the demand to dissolve *Heime für soziale Betreuung* due to the criticised standard within these institutions and the overstretched laws for confining ‘promiscuous’ people in this state.⁸⁴¹ The ensuing response of Dresden’s Social Welfare and Housing Department reveals a local alliance among the police, social, and healthcare officials caused by the state intervention.⁸⁴² The four-page long document is the best proof for two significant findings of this thesis: firstly, the implementation of new policies was never a complete top-down procedure, but rather experienced severe limitations at the local level of society. Historiographical accounts of the past have underestimated the agency at the local sphere and emphasised the overruling power of the centralised state and the SED.⁸⁴³ However, especially immediately after the war, the chaos and unclear structure of new state bodies in the SBZ provided the opportunity to interpret state policies, thus allowing local officials to implement their own visions of society. Later on, these deviations were centralised and often altered. Nonetheless, local authorities maintained their sovereignty for the circumstances on-site—if only in a defined and narrow state-controlled frame of

⁸⁴¹ For a report that heavily criticised the conditions of the Homes for Social Care in Saxony in general and Leuben in particular, see ‘Vermerk, 29.11.1951’: BArch, DP 1/107, Bl. 36–37. For the overstretched laws to confine people in Saxony, see ‘Unterbringung im Arbeitshaus Dresden-Leuben, 11. August 1949’: BArch, DP 1/7110, Bl. 2; ‘Deutsche Wirtschaftskommission an die Deutsche Justizverwaltung, 6. September 1949’: BArch, DP 1/7110, Bl. 1; ‘Unterbringung im Arbeitshaus Leuben, 17. Oktober 1949’: BArch, DP 1/7110, Bl. 3–4.

⁸⁴² ‘Heim für soziale Betreuung, 3. Januar 1953’: BArch, DQ 1/20619, unpaginated.

⁸⁴³ For the historiographically overstretched argument of the putative ‘totalitarian’ GDR, see Grieder, *The East German Leadership*; Kocka, ‘Eine durchherrschte Gesellschaft’; Schroeder, *Der SED-Staat*.

the socialist ideology.⁸⁴⁴ Secondly, the city officials' reply regarding the dissolution of Leuben shows how intelligently the mnemonic communities utilised the state narrative to justify their views, derived from their medical memories. In a self-serving endeavour, they accomplished the integration of the *Fürsorgeheim* or *Heim für soziale Betreuung Dresden-Leuben* in the overall ideological narrative of the SED, thereby ultimately securing the existence of this institution for another three years.⁸⁴⁵

City officials argued in their letter to the state that “[i]n the area of education and care for endangered people, we cannot hurry ahead of the development because the required preconditions are not met yet”.⁸⁴⁶ They argued that the local situation was an unsuitable environment for ‘uprooted’ people outside of the institution. The population, they continued, was not ready to take over responsibility at the workplace and in the leisure time to support the ‘endangered’ person. City authorities were also eager to re-brand the institution once again, this time to: *Heim für gesellschaftliche Erziehung* [Home for Societal Education]. As such, they intended to stress the educational aim of the home—returning the inmates back into society—as opposed to simply the safekeeping and caring for the ‘social deviant’.⁸⁴⁷ Whether the supposedly reformed institution could achieve this goal by re-branding is questionable. Especially after analysing the proposed changes of

⁸⁴⁴ Rainer Behring, ‘Das Personal der kommunistischen Diktaturdurchsetzung: Parteifunktionäre und Kommunalpolitiker in Chemnitz 1945–1949’, in *Von Stalingrad zur SBZ: Sachsen 1943 bis 1949*, ed. by Mike Schmeitzner, Clemens Vollnhals, and Francesca Weil (Göttingen: Vandenhoeck & Ruprecht, 2016), pp. 239–58; Sebastian Rick, ‘Diktaturdurchsetzung auf dem flachen Lande am Beispiel der Landkreise Liebenwerda und Schweidnitz 1945–1949’, in *Von Stalingrad zur SBZ: Sachsen 1943 bis 1949*, ed. by Mike Schmeitzner, Clemens Vollnhals, and Francesca Weil (Göttingen: Vandenhoeck & Ruprecht, 2016), pp. 259–76; Tilman Pohlmann, ‘Generationen und Herrschaftsetablierung: Die 1. SED-Kreissekretäre der Nachkriegszeit’, in *Von Stalingrad zur SBZ: Sachsen 1943 bis 1949*, ed. by Mike Schmeitzner, Clemens Vollnhals, and Francesca Weil (Göttingen: Vandenhoeck & Ruprecht, 2016), pp. 277–92.

⁸⁴⁵ ‘Heim für soziale Betreuung, 3. Januar 1953’: BArch, DQ 1/20619, unpaginated. The dissolution of the *Heim für soziale Betreuung Dresden-Leuben* was accomplished during the year 1955, transforming this institution into a retirement home, which opened in 1956. ‘Zentrale Einweisungsstelle für Heime für soziale Betreuung, 15. November 1955’: BArch, DQ 1/20618, unpaginated; StA DD, Bau- und Grundstücksakten, 10, Nr. 37116, unpaginated.

⁸⁴⁶ ‘Heim für soziale Betreuung, 3. Januar 1953’: BArch, DQ 1/20619, unpaginated.

⁸⁴⁷ *Ibid.*

Leuben in this final chapter and the general character of ‘total institutions’, which, according to Goffman, always ‘deculturates’ the inmate, the *Fürsorgeheim* was predestined to remain a place of incarceration and safekeeping rather than educating and re-socialising the ‘social deviant’.⁸⁴⁸

In the end, the letter—which incorporated the views of the local *Volkspolizei* [People’s Police – VP], the Social Welfare, and the Healthcare Department of Dresden—utilised elements of Walter Ulbricht’s speech at the II. Party Conference of the SED. According to city officials, the First Secretary of the Central Committee of the SED, Ulbricht, claimed at this meeting that “[s]abotage and espionage [were] waged with the most criminal means against the peaceful development of Socialism in the GDR”.⁸⁴⁹ From this starting point, the authors of the letter drew upon the importance of the *Heim für soziale Betreuung Dresden-Leuben*. They argued that ‘promiscuous’ women, who were confined in the workhouse, were:

not only a threat to public health, but also a threat to our further development [...] The girls without work, without shelter, without money [were] points for attacks against our state.⁸⁵⁰

In this quotation, city authorities politicised ‘sexual and social deviance’ along the lines of the state narrative. Consequently, the inmates of Leuben became subjects of competing ideologies in the nascent Cold War. This reasoning justified the goals of mnemonic communities, their views of the workhouse as an institution with medical memories, and its purpose for the present and the future, with which they apparently convinced the state

⁸⁴⁸ Goffman, *Asylums*, pp. 23–25, 71.

⁸⁴⁹ ‘Heim für soziale Betreuung, 3. Januar 1953’: BArch, DQ 1/20619, unpaginated.

⁸⁵⁰ “nicht nur eine Gefahr für die Volksgesundheit, sondern auch eine Gefahr für unseren weiteren Aufbau [...] Die Mädels ohne Arbeit, ohne Obdach, ohne Geld sind eine Angriffsfläche gegen unseren Staat”. Ibid.

level: the city departments involved successfully saved Leuben's disreputable workhouse for another three years.⁸⁵¹

In summary, the level of mnemonic communities within the concept of medical memories has shown the complexity of interactions between the state, local officials, and the institution in question. Consequently, mnemonic communities in the form of professions derive their contemporary views, for example, about the use of the workhouse from their medical memories and experiences with this institution. In the case of Leuben, the legacies evoked to justify the use, as well as the stated aims of the workhouse in the contemporary situation, differed among these communities of shared values and memories. The following struggle among them resulted in the dual-leadership of the *Fürsorgeheim Leuben*, as, initially, neither the social welfare nor the health department wanted to take over the full responsibility for, or costs incurred by, the institution. As soon as the state intervened, local mnemonic communities formed a bond through a shared understanding that they wanted to preserve the workhouse and fend off interventions from the state into what they considered their business.

Future research could continue to reveal the role of local agency in the stigmatisation, as well as medical and social control of minorities, which were defined according to the medical memories and experiences of mnemonic communities. These local perceptions of 'social deviance' often differ from the state narrative and have to be explored at the local rather than the national level. The best example of differing views in the Leuben example are the previously mentioned overstretched practices of confinement in Saxony. The local officials were eager to increase legal competencies, and complained to the state after Leuben was transformed into a workhouse:

⁸⁵¹ 'Heim für soziale Betreuung, 3. Januar 1953': BArch, DQ 1/20619, unpaginated.

that there [were] several dozen girls in Dresden alone, who again and again [were] treated for newly acquired gonorrhoea, without the legal opportunity, to confine them in the workhouse [Leuben], which [had] only three inmates at the time.⁸⁵²

The following rejection by state authorities—who criticised the tendency in Saxony to ease legal regulations, which had the problematic outcome that a woman was confined in a workhouse if only one sexual encounter could be verified—reveals the local agency and the continued existence of a biased and potentially arbitrary procedure in reducing cases of STDs. Saxony’s authorities were still caught in the past, believing that deterrence was the best means to prevent ‘promiscuity’ and the spread of these diseases.⁸⁵³ As a report from 1951 reveals, the criticism of GDR authorities about the proposed procedure had no effect. By contrast, Saxony’s Police continued to confine people to workhouses who were arrested in the name of eliminating the STD epidemic, but without any legal basis or court ruling.⁸⁵⁴ Consequently, the last section of this chapter examines the people who were sent to the *Fürsorgeheim Leuben* by the police, local, and state authorities and offers insight into the daily routine of this ‘total institution’.

⁸⁵² “dass allein in Dresden einige Dtzd. Mädchen sind, die immer wieder mit einer neuerworbenen Gonorrhoe zur Behandlung kommen, ohne dass die gesetzliche Möglichkeit besteht, sie im Arbeitshaus unterzubringen, indem sich augenblicklich nur 3 Insassen befinden”. ‘Deutsche Wirtschaftskommission an die Deutsche Justizverwaltung, 6. September 1949’: BArch, DP 1/7110, Bl. 1.

⁸⁵³ For the respond and rejection of the state to ease the strict regulations for sentencing people into workhouses, see ‘Unterbringung im Arbeitshaus Leuben, 17. Oktober 1949’: BArch, DP 1/7110, Bl. 3–4. For another example for the critic on the Saxon procedure, see ‘Entwurf einer Verordnung über die Einweisungen in Heime für soziale Betreuung der Landesregierung Sachsen, 4. Januar 1950’: BArch, DQ 1/20626, unpaginated.

⁸⁵⁴ ‘Hauptabteilung III, Vermerk — Rücksprache mit der Hauptabteilung Justiz, Hauptreferent Müller, in Dresden, über die Frage des Arbeitshauses, 29. November 1951’: BArch, DP 1/107, Bl. 36.

5.4 Medical Memories of Individuals: The Inmates and Staff of the *Fürsorgeheim Leuben*

*Müller found at his inspection of Dresden-Alt-leuben that these people were lying around in the bushes and getting up to mischief in broad daylight.*⁸⁵⁵

Note Regarding the Visit of the Head Department of Justice's Senior Advisor Müller in Dresden and About the Question of the Workhouse, 1951

In his report, the Chief of the Head Department III at the Ministry of Justice, Werner Gentz—who was also a member of the workhouse commission, analysed in the first part of this chapter—expressed his dismay about the information he received from Müller regarding the situation in Saxony. Especially for Dresden, he stated, “Senior Advisor Müller describ[ed] the conditions in these institutes as catastrophic”.⁸⁵⁶ Throughout the Saxon state, around 750 people were incarcerated in workhouses at the end of 1951, one-third of them in the *Heim für soziale Betreuung Dresden-Leuben* alone. However, Gentz’s criticism was not targeted against the large number of people confined; his concerns were rather directed towards the lack of differentiation between the inmates:

Men and women [were] housed in the same institutions. They [sat] around for days without work. [...] Especially unpleasant would be [according to Müller] the fact that there [were] also many mentally retarded people in these institutions; half-idiots, for whom [their grade of illness] [did] not suffice to be transferred to an asylum for the mentally ill.⁸⁵⁷

⁸⁵⁵ “Müller fand bei einer Besichtigung in Dresden-Alt-leuben am hellen Tage diese Leute in den Sträuchern herumliegen und Unfug treiben”. ‘Hauptabteilung III, Vermerk — Rücksprache mit der Hauptabteilung Justiz, Hauptreferent Müller, in Dresden, über die Frage des Arbeitshauses, 29. November 1952’: BArch, DP 1/107, Bl. 36.

⁸⁵⁶ Ibid.

⁸⁵⁷ “Männer und Frauen sitzen in den selben Institutionen ein. Sie sitzen tagelang ohne Arbeit herum. [...] Besonders unerfreulich sei, dass in diesen Anstalten auch zahlreiche geistig zurückgebliebene Personen untergebracht würden, Halbidioten, bei denen es für eine Unterbringung in eine Heilanstalt für Geistesranke nicht lange”. ‘Hauptabteilung III, Vermerk — Rücksprache mit der Hauptabteilung Justiz, Hauptreferent Müller, in Dresden, über die Frage des Arbeitshauses, 29. November 1952’: BArch, DP 1/107, Bl. 36–37.

The described composition of inmates reflected the multifunctional character of Leuben and similar workhouses across Saxony, which was due to overlapping laws and competencies revealed in previous sections. Regarding the question of who and on which legal basis was confined in the *Fürsorgeheim Leuben*, this study showed that, on the one hand, the social welfare department sent the ‘uprooted’ youth to the reformatory part of this institution. The health department, on the other hand, used Leuben as a deterrence lesson and confined women who were deemed to be ‘promiscuous’.⁸⁵⁸ This dual use, however, was viewed by authorities as an unbearable situation and inhibitor to the institution’s goals. In particular, the undesired co-existence of female and male inmates (Figure 17a–b (p. 285), 18a–b (p. 287), 20a–b (p. 291), and 21a–b (p. 293)) in one and the same institution was seen as the main inhibitor for any re-socialising efforts, especially by Richter.⁸⁵⁹

By using the description of the conditions in this institution as the starting point, the section shifts the approach towards the local level of society: the individual and his or her medical memories and experiences. The specific aim is to analyse staff and inmates of the *Fürsorgeheim Leuben* as far as sources allow, and expose what it meant for a person to be incarcerated or employed in this particular institution. Therefore, the last part of the final chapter investigates the impact of the state, institutional, and mnemonic community level discussed in the previous sections on the lives inside Leuben and vice versa. The following analysis reveals that many of the narratives, established by upper levels—either locally or nationally—remained idealised and consciously utilised to justify the existence

⁸⁵⁸ For the legal base of the incarceration, see SMAD Commands 030 and 273 regarding prostitution and ‘promiscuous’ women, as well as SMAD Command 92/1947 regarding the social welfare measures, which replaced §20 of German Empire’s Social Welfare Obligation Directive [*Reichsfürsorgepflichtverordnung*] from 1924. Korzilius, pp. 70–71, Footnote 278.

⁸⁵⁹ For example, see Richter’s complaint: ‘Fürsorgeheim Leuben, 10. Februar 1947’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 10.

Figures 17a–b: Two Images of the Inmates in the *Fürsorgeheim Leuben* in 1949

a)



b)



Note: a) boys, who assumingly are confined as ‘difficult’ adolescents, b) a couple of wardens (on the right in black) with girls, who probably are incarcerated on the base of SMAD Command 273.

Source: SLUB/Deutsche Fotothek, Erich Höhne & Erich Pohl: Dresden, Leuben. Fürsorgeheim Leuben, 1949, Aufn.-Nr. df_hp_0022793_007; SLUB/Deutsche Fotothek, Erich Höhne & Erich Pohl: Dresden, Leuben. Fürsorgeheim Leuben, 1949, Aufn.-Nr. df_hp_0022795_014.

of the institution, both of which were far removed from the actual conditions within the walls of the *Fürsorgeheim Leuben*.

Methodologically, this section represents the most problematic part of this chapter. Due to the nature of the topic, archives are highly restrictive in granting access to files of inmates of this institution. The view is additionally limited, as personal accounts of former staff or patients of Leuben are not yet available. Therefore, the following investigation relies on case histories written by the social welfare department of twelve women who were confined to the *Fürsorgeheim* for different periods of time, and on reports about the situation within Leuben.⁸⁶⁰ An unusual addition to these sources are photographs from the Digital Archive of the *Sächsische Landesbibliothek, Staats- und Universitätsbibliothek Dresden* [Saxon State and University Library in Dresden – SLUB]. The images on the following pages are a selection from the collection of two famous Dresden photographers, Erich

⁸⁶⁰ In the archival files, twenty case histories were found of which fifteen were women and five were men. Twelve women but no men had been confined to the *Fürsorgeheim Leuben* at some point in their life. [Without title], [December 1951?]: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 69, Bl. 64–67.

Höhne (*1912 – †1999) and Erich Pohl (*1904 – †1968). Both were freelancers, who documented the reconstruction of this city after the Second World War. They joined the SED and worked for the Dresden City Council, local newspapers, and the *Zentralbild Berlin* [Central Images Berlin], the central organisation for photography for GDR media.⁸⁶¹ Despite the potential political bias inherent in their photographs, this section can offer valuable insights into Leuben via these media, serving as a starting point for future research. Theoretically, the following engages with Goffman, as he provided a critique of ‘total institutions’ in general, by discussing the conditions and lives of their inmates in particular.⁸⁶² It is the purpose of this final part to explore the available sources within the theoretical framework and, subsequently, to define the individual level for the concept of medical memories and experiences.

According to Goffman, ‘total institutions’ have a ‘binary character’: a chasm between the group of people who are watched and controlled—the inmates—and the group who watches and controls—the staff.⁸⁶³ The biggest difference between these two groups is that, firstly, inmates live, work, and sleep within the walls of the workhouse, whereas staff only spend their working hours inside the institution, also having lives on the outside.⁸⁶⁴ Furthermore, there is usually a high turnover of inmates, whereas staff tend to change less frequently. Staff are an embodiment of continuity, especially with regard to medical memories as shown for the postwar medical personnel in general.⁸⁶⁵ Secondly,

⁸⁶¹ In the case of the *Fürsorgeheim Leuben*, they took over 120 pictures, of which this study selected ten, which appeared as the most appropriate to offer a glimpse into this institution with its inmates and staff. For more information and their biographies, see Kerstin Delang and Jens Bove, ‘Höhne, Erich’, *SLUB/Deutsche Fotothek*, 2006 <<http://www.deutschefotothek.de/documents/kue/90024061>>; Kerstin Delang and Jens Bove, ‘Pohl, Erich’, *SLUB/Deutsche Fotothek*, 2006 <<http://www.deutschefotothek.de/documents/kue/90024062>>.

⁸⁶² Goffman, *Asylums*, pp. 117–55, 281–336; Rothman, *The Discovery of the Asylum*, pp. 79–154, 206–95. For comparison, see the analysis of the establishment of the clinic as an institution of medical and social control by Michel Foucault, *The Birth of the Clinic*, trans. by A. M. Sheridan (London: Routledge, 2003).

⁸⁶³ Goffman, *Asylums*, pp. 18–19. ‘Dienstvorschrift für die Fürsorgeanstalt Leuben, [mid-1946?]: StA DD, Fürsorgeamt, 2.3.25, Nr. 339, Bl. 107.

⁸⁶⁴ Goffman, *Asylums*, pp. 18–19, 33, 45, 89.

⁸⁶⁵ *Ibid.*, p. 107. For example, see ‘Heim für soziale Betreuung, Dresden, 3. Januar 1953’: BArch, DQ 1/20619, unpaginated.

Figures 18a–b: Two Images of Possible Leisure Activities with Inmates and Staff in the *Fürsorgeheim Leuben* in 1949

a)



b)



Note: a) girls and boys are gathered to sing along with the warden playing the guitar, b) both female and male inmates play table tennis in the main courtyard.

Source: SLUB/Deutsche Fotothek, Erich Höhne & Erich Pohl: Dresden, Leuben. Fürsorgeheim Leuben, 1949, Aufn.-Nr. df_hp_0022794_009; SLUB/Deutsche Fotothek, Erich Höhne & Erich Pohl: Dresden, Leuben. Fürsorgeheim Leuben, 1949, Aufn.-Nr. df_hp_0022796_038.

due to the ‘house rules’,⁸⁶⁶ scheduled daily life, and medical as well as social treatment, the ‘binary character’ is institutionalised as inmates and staff are diametrically opposed to each other. Both established “narrow hostile stereotypes” of the other group, constituting a ritual or precondition for ensuring the social distance between the controlled and the controllers.⁸⁶⁷ In the case of the *Fürsorgeheim Leuben*, this separation and distance was initially implemented by official instructions for the department for ‘promiscuous’ people. The regulations determined that “the staff is only allowed to have a conversation with [the inmates] thus far, as the service requires it”.⁸⁶⁸ This strict rule, however, is not reflected in the pictures, for example in Figure 17b (p. 285) and 18a (p. 287); the

⁸⁶⁶ Goffman, *Asylum*, p. 46.

⁸⁶⁷ Ibid., pp. 18–20, here 18. Ayaß also identifies this rift in the Workhouse Breitenau in West Germany after 1945. Inmates convinced US-officials that they were confined due to minor crimes and thus in this institution with no real legal basis. Subsequently, the occupation power blamed staff and German civil servants for this intolerable situation and enacted the closure of the institution in 1949. Ayaß, *Das Arbeitshaus Breitenau*, pp. 338–42.

⁸⁶⁸ ‘Dienstvorschrift für die Fürsorgeanstalt Leuben, [mid-1946?]’: StA DD, Fürsorgeamt, 2.3.25, Nr. 339, Bl. 108.

photographs of Höhne and Pohl suggest an intimate relationship between inmates and staff and an apparent family-like atmosphere in this institute.

Unfortunately, the purpose of these photographs remains unclear from the descriptions. However, considering that the photographers worked for newspapers, documenting the reconstruction of Dresden and socialist achievements in general, the assumption must be that the pictures were supposed to show the *Fürsorgeheim* in its best possible light. Consequently, they are themselves a political and cultural construction of the desired reality in the new state and show, as Betts points out, a new form of ‘socialist realism’—not least for legitimacy purposes to demarcate itself from the West.⁸⁶⁹ Despite this hypothesis derived from the images, a report from 1952 illustrated that the desired boundaries and thus the social distance between the inmates and the staff was non-existent in Dresden, and demanded that:

[t]here must be a clear demarcation between the educator and the educated. The girls develop[ed] an uncanny activity in sharing out the educational work, which they [found] inconvenient. They [were] indeed not voluntarily in the home. They continuously play[ed] off one staff member against the other with the experience that in the case of disagreements among the staff they [could] have their wishes easily fulfilled. These [wishes] [were], of course, not compatible with the educational aim [of Leuben].⁸⁷⁰

The breakdown of social distance within Leuben, as described in this quotation, partly validates the nature of the pictures in this section. The rules, which the upper levels of the state tried to enforce, were not implemented in this unrelenting form inside the

⁸⁶⁹ For an exploration of the use of photography during the GDR, especially in the private sphere, and how it was encouraged by the postwar East German state to establish a new form of ‘socialist realism’, see Betts, *Within Walls*, pp. 194–208.

⁸⁷⁰ “Es muß eine klare Abgrenzung bestehen zwischen den Erzieher und dem zu Erziehenden. Die Mädels entfalten eine unheimliche Aktivität in der Aufspaltung der Erziehungsarbeit, die sie als unbequem empfinden. Sie sind ja nicht freiwillig im Heim. Fortgesetzt spielen sie einen Angestellten gegen den anderen aus mit der Erfahrung, daß sie bei Meinungsverschiedenheiten unter den Angestellten ihre eigenen Wünsche leicht durchsetzen können. Diese sind selbstverständlich mit dem Erziehungsziel nicht vereinbar [sic]”. ‘Bericht über das Heim, 3. September 1952’: BArch, DQ 1/20619, unpaginated.

Figures 19a–b: Two Images of Possible Work Which Inmates Had to Carry Out During Their Stay in the *Fürsorgeheim Leuben* in 1949

a)



b)



Note: a) girls, who knit clothes, b) boys, who work on the field, south of the *Fürsorgeheim* (visible in the background on the middle right).

Source: SLUB/Deutsche Fotothek, Erich Höhne & Erich Pohl: Dresden, Leuben. *Fürsorgeheim Leuben*, 1949, Aufn.-Nr. df_hp_0022797_001; SLUB/Deutsche Fotothek, Erich Höhne & Erich Pohl: Dresden, Leuben. *Fürsorgeheim Leuben*, 1949, Aufn.-Nr. df_hp_0022797_042.

Fürsorgeheim. The responsibility for this limitation at the local level lies, according to the report, with Superintendent Hofmann. His views, discussed previously, did not conform to the demands of the state, which ultimately resulted in his replacement with a female superintendent in 1952.⁸⁷¹

Hofmann's attempt to create a microcosm of society in accordance with his beliefs in this care home is also visible in these photographs—thus forming a part of the everyday experiences of the confined people. Both female and male inmates had to work on a regular basis, such as sewing, cooking, farming, and manufacturing (Figure 19a–b (p. 289)), for which they were often sent to companies outside of the institutional premises.⁸⁷² After work, the inmates also enjoyed some limited leisure activities such as table tennis and singing (Figure 18a–b (p. 287)).⁸⁷³ The problem, however, was that the institution lacked an appropriate number of staff, thereby inhibiting the creation of more sport and

⁸⁷¹ 'Bericht über das Heim, 3. September 1952': BArch, DQ 1/20619, unpaginated.

⁸⁷² Ibid.

⁸⁷³ Ibid.

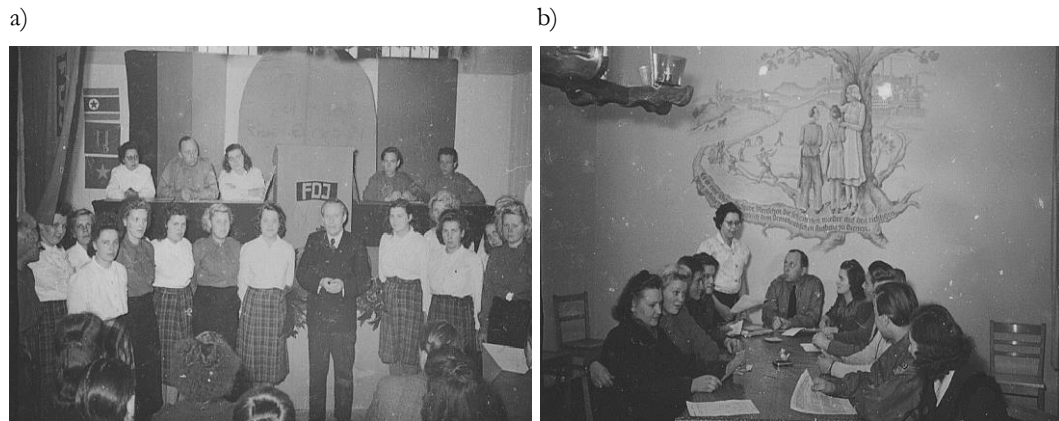
cultural interest groups.⁸⁷⁴ Nevertheless, Hofmann particularly emphasised, as shown in the second section of this chapter, the political education in Leuben and thus established branches of GDR's political and societal organisations inside the institution which held regular meetings, book reviews of progressive authors, and conferences (Figure 20a–b (p. 291)). The inmates even elected a 'mayor', who worked closely with the directorate of the institution.⁸⁷⁵ Consequently, the pictures and the criticisms of the upper levels about the conditions in the *Fürsorgeheim Leuben* show that the medical experiences of the inmates included some unexpected liberties, unusual to the workhouses of the past. On first sight, many of the images could have been taken in very different places and occasions, not limited to a 'total institution'. However, looking closely at these pictures, the iron bars in the windows are recognisable, and in Figure 20b (p. 291) the subtitle of the mural indicates that it is a reformatory. Furthermore, even if not immediately visible, the warden and staff members are often among them in the photographs—indicating both the required surveillance but also the lack of social distance (Figure 17b (p. 285) and 18a (p. 287)). Apart from this social control, Figure 21b (p. 293) also shows the medical monitoring in this institution: blood is taken for a test from a woman, while a man receives a UV treatment in the background. Taken together, these photographs give a glimpse, albeit an admittedly euphemistic one, into the daily routine of inmates and staff in the *Fürsorgeheim Leuben* and thus are an integral part of the analysis of their medical memories and experiences.

Another 'binary' exists in the form of the differing narratives within 'total institutions'. On the one side, the staff create a (medical and social) case history of the inmate, whereas, on the other, the inmate develops a narrative for himself and his social

⁸⁷⁴ 'Bericht über das Heim, 3. September 1952': BArch, DQ 1/20619, unpaginated.

⁸⁷⁵ Ibid.

Figures 20a–b: Two Images of the Political Education and Organisations in the *Fürsorgeheim Leuben* in December 1950



Note: a) a meeting of the FDJ organisation with Superintendent Hofmann in the middle, b) a political seminar, which is led by the Head of the FDJ in the *Fürsorgeheim*. Caption of the mural in the background: “It is a great task to lead humans, who failed, back to the right way and thus serve the democratic transformation”.

Source: SLUB/Deutsche Fotothek, Erich Höhne & Erich Pohl: Dresden, Leuben. Fürsorgeheim Leuben, Dezember 1950, Aufn.-Nr. df_hp_0023605_006; SLUB/Deutsche Fotothek, Erich Höhne & Erich Pohl: Dresden, Leuben. Fürsorgeheim Leuben, Dezember 1950, Aufn.-Nr. df_hp_0023607_002.

environment.⁸⁷⁶ Both narratives are derived from different medical memories and thus serve as justifications for the individual’s confinement in a ‘total institution’ from at least two different angles.⁸⁷⁷ Unfortunately, as mentioned before, this analysis has only one side of this narrative: case histories of several inmates of Leuben, provided by the Social Welfare Department of Dresden. These individual reports described twelve women between the age of 19 and 27. For most of them, the report initially discussed the potential reasons for becoming ‘uprooted’ and ‘promiscuous’: some women were daughters out of wedlock, refugees, orphans, ‘spoiled’ children or had other general upbringing difficulties.⁸⁷⁸ Apart from traditional mentalities and stigmas, all of these girls and women had troublesome medical memories, and thus were part of those ‘uprooted’ children with complex war and personal experiences, discussed in Chapter 4. For example, the report

⁸⁷⁶ Goffman, *Asylums*, pp. 66, 134–35.

⁸⁷⁷ *Ibid.*, p. 142.

⁸⁷⁸ [Without title], [December 1951?]: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 69, Bl. 64–67.

stated for Petra,⁸⁷⁹ born in 1927, that her foster parents caused her ‘socially deviant behaviour’ “because they supported [her] dissolute moral conduct”.⁸⁸⁰ From such a starting point—a pathologised living situation and upbringing in the form of medical memories—the report rationalised actions and the behaviour of women in the present. They argued in another case, Rosalinde,⁸⁸¹ who was born in 1928, that she “was continuously in care homes and was continuously arrested and put under [medical] control as a person suffering from STDs [emphasis as in the original, M.W.]”.⁸⁸² The language and stigmatisation inherent in this statement and the case histories, in general, show the continued existence of a biased mentality towards STDs and of medical control into the postwar era, revealed in Chapter 3. The medical memories of the medical and social constructions of these diseases in the form of concepts, diagnoses, and treatment became the medical experience of women, denounced as ‘promiscuous’ at the time. Both Petra and Rosalinda, as well as most of the ten other women in this file, were admitted to Leuben several times.

However, this unbroken cycle, in which many of the inmates of Leuben were trapped, was not only due to the tight medical monitoring and regulations of confinement of the officials, but also was often provoked by inmates themselves; a phenomenon, though, which was not unique for the postwar era, as this statement from January 1936 proves:

⁸⁷⁹ The name was made anonymous due to public and archival restrictions. Therefore, the fictitious name Petra is used to enhance comprehension in the following

⁸⁸⁰ ‘[Without title], [December 1951?]’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 69, Bl. 66.

⁸⁸¹ The name was made anonymous due to public and archival restrictions. Therefore, the fictitious name Rosalinde is used to enhance comprehension in the following

⁸⁸² ‘[Without title], [December 1951?]’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 69, Bl. 65.

Figures 21a–b: Two Images of Other Activities in the *Fürsorgeheim Leuben* in December 1950

a)



b)



Note: a) both female and male inmates spend a merry evening together (visible in the background is a picture of Stalin), b) one of the nurses' rooms in the institution, in which both female and male patients are treated.

Source: SLUB/Deutsche Fotothek, Erich Höhne & Erich Pohl: Dresden, Leuben. Fürsorgeheim Leuben, Dezember 1950, Aufn.-Nr. df_hp_0023608_004; SLUB/Deutsche Fotothek, Erich Höhne & Erich Pohl: Dresden, Leuben. Fürsorgeheim Leuben, Dezember 1950, Aufn.-Nr. df_hp_0023610_002.

Lately, it has been repeatedly noted here that even young people make all possible efforts to be remanded into the *Fürsorgeheim Leuben*. The reason [was] probably that the inmates of the *Fürsorgeheim* ha[d] to do relatively little work for good meals.⁸⁸³

Firstly, this quotation shows not only a questionable perception of parts of the youth during the Third Reich, but also that the food provision had apparently improved since the revolt in Leuben in 1929. However, it also indicates that, secondly, an institution, which provided a daily routine, care, and support, might have seemed attractive for the ‘uprooted’ youth, especially if they had lost their relatives and were displaced after the war. The problem of the so-called *Dauer-* or *Stammgäste* [permanent and regular guests] continued into the 1950s and was continuously criticised for their negative influence on other inmates who were seen as ‘educatable’.⁸⁸⁴ The ‘regulars’ who, according to the

⁸⁸³ “In letzter Zeit ist hier wiederholt aufgefallen, daß selbst junge Leute sich mit allen Mitteln bemühen, ins Fürsorgeheim Leuben aufgenommen zu werden. Die Ursache dürfte darin liegen, daß die Insassen des Fürsorgeheims bei gutem Essen verhältnismäßig wenig Arbeit zu leisten haben [sic]”. [Without Title], 24. Januar 1936: StA DD, Fürsorgeamt, 2.3.25, Nr. 339, Bl. 69.

⁸⁸⁴ ‘Heim für soziale Betreuung, Dresden, 3. Januar 1953’: BArch, DQ 1/20619, unpaginated.

authorities, were incapable of being re-socialised, had been confined to Leuben multiple times and stayed there for a prolonged period. This fact indicates that the medical experiences of the inmates and thus their view of this institution—from the inside—was a rather positive one. However, this finding must be qualified because their personal freedom had been restricted and they were subject to the compulsory character of the measures of social and medical control in this institution. Nonetheless, the underlying assumption is supported by Goffman, who described for ‘colonisers’ the tendency of ‘messing up’ before their planned release—a procedure which often finds support by staff to prolong the stay of inmates for social reasons.⁸⁸⁵

‘Total institutions’ generally, and the *Fürsorgeheim Leuben* in particular, were far removed from the state narrative, the local authorities’ claims, and also the staff’s justifications about the aims and purpose of the workhouse. The relapse of targeted people into confinement was an inherent characteristic of this institution—it could not re-socialise or re-integrate the inmates into society.⁸⁸⁶ However, the reason why former inmates after their release quickly looked for a way to return to the same institution was not only that the conditions within Leuben might appear as supportive and family-like, but also that they realised “that release mean[t] moving from the top of a small world to the bottom of a large one”.⁸⁸⁷ Superintendent Hofmann was very conscious of the latter fact, as the name *Fürsorgeheim* was itself a life-long stigma, which people who were confined to this institution had to live with. The re-branding of Leuben failed to have the desired effect of changing the attitudes of either staff, inmates, or the surrounding population, nor the social environment.

⁸⁸⁵ Goffman, *Asylums*, pp. 55–58.

⁸⁸⁶ *Ibid.*, p. 69.

⁸⁸⁷ *Ibid.*, p. 71.

The unfavourable perception of the institution persisted not least because the address and the location, which were connected with the medical memories of the space and the institution itself, remained the same, maintaining an inseparable bond.⁸⁸⁸ As a result, to be an inmate of, or referred from, *Altleuben 10* continued to be an embarrassing fact; and thus the engraved institutional medical memories became part of the individual ones, affecting her or his present life and future perspectives as shown for Petra and Rosalinde. The stigma attached to the people often prevented their re-integration into society, which, despite all the aftercare efforts of the social welfare department in the form of providing room and work for the released Leuben inmate, supported the cycle of social and medical control. In many of the case histories, mentioned above, the women quickly disappeared after release from their appointed job and home, and were roving around until they were arrested by the police and brought back into the *Fürsorgeheim* again.⁸⁸⁹

In conclusion, the workhouse in Dresden constituted continuity on all four levels of the medical memories and experience concept: it remained a deterrence lesson for the outside population in its aims, procedures, name, and language, while it failed to reform and re-socialise the inmate as in the past. In Goffmanian terms, workhouses were viewed as ‘storage dumps’, where the “contradiction, between what the institution [did] and what its officials [had to] say it does, form[ed] the basic context of the staff’s daily activity”.⁸⁹⁰ This general limitation also applies to this analysis: due to methodological issues of obtaining material from the inside of Leuben, the reconstruction of individual medical memories and experiences occurred mostly from an outsider perspective. However, this

⁸⁸⁸ ‘Übersendung eines Diskussionsbeitrages, Gedanken zur Errichtung eines Arbeitshauses, Anstaltsdirektor Hofmann, 16. Juni 1949’: StA DD, Dezernat Sozial- und Wohnungswesen, 4.1.10, Nr. 71, Bl. 95.

⁸⁸⁹ ‘[Without title], [December 1951?]’: StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 69, Bl. 64–66.

⁸⁹⁰ Goffman, *Asylum*, p. 73.

section showed, with critically engaging Goffman's sociological analysis of 'total institutions', that the implementation of laws, criticisms, and also ideals at the local level was obstructed by the medical memories of staff, as well as inmates themselves. Many examples of reports and images point towards a very different atmosphere in Leuben that was contradictory to state officials' aims and narratives.

Therefore, this section emphasises the acknowledgement of every actor's agency in a historical context, even if confined in a 'total institution'. The medical memories and experiences of the individual determine their social conduct and actions. If inmates felt that they were unable to cope with the outside world, a renewed social and medical transgression of laws provided them with a way back into the institution. Here, they had memories of receiving care and medical treatment, of having work and, most importantly, an 'environment of equals' or even friends—they did not have to be ashamed. This finding does not belittle the deprivations which inmates experienced during their stay in the workhouse. By contrast, it is an attempt to incorporate the complexity of individual decisions and the state response.

On the outside of Leuben, the stigmatised 'promiscuous' women had—as shown in Chapter 2—to deal with doctors, who derived their medical and social concepts from their past. They often faced—as shown in Chapter 3—medical monitoring, which heavily relied on denunciation, compulsory hospitalisation, and invasive medical treatment, often seamlessly continuing Third Reich language, medical concepts, and practices. They were quickly used as 'subjects'—as shown in Chapter 4 for the 'depraved' youth and in Chapter 5 for the inmates of workhouses—for demarcating the 'new socialist identity' from what was 'abnormal', and for the state's narrative of the ideological struggles of the imminent Cold War. From this perspective, the *Fürsorgeheim Leuben* appeared as an alternative and last resort for the former inmate. Consequently, both the outside world's hostile attitudes

towards the stigmatised, as well as the apparent insular existence of Leuben ultimately supported the failure of this institution, if judged according to its aims of re-socialisation.

The level of the individual within the concept of medical memories and experiences is a tool for exposing a patient's medical history and its impact on her or his actions and behaviour. For example, an adverse experience with the healthcare system in the past could have the result that the patient avoids medical treatment in the future. However, it also offers an insight into the other side of this relationship: the motivations of the individual doctor to deny treatment with Penicillin to women whom he identified as being 'promiscuous'. Moreover, every person, patient, nurse, or doctor, is part of many overlapping mnemonic communities, which have an influence on their medical memories and vice versa. A doctor, for example, is part of the medical profession—which represents a mnemonic community in regard to its social bond derived from its shared medical memories—and simultaneously is part of the medical community of his institution, his local environment, and his family, which are all mnemonic communities in and by themselves. Future research, for different historical settings and time periods, can reveal the interdependency of the individual and the state narrative, the institutional memories, and the mnemonic communities.

As shown, a few people can generate a state narrative that can then be imposed on the population if it offers enough leeway to integrate the individual narratives of the majority—or if it is heralded and propagated in such a way to ultimately replace individual memories with the desired one. One example is the establishment of socially accepted 'scapegoats' which can then always be used by the state. Therefore, it was important to explore the *Fürsorgeheim Leuben*, even with limited means, in order to clarify the concept of medical memories and experiences. It has revealed that the STD diagnosis, which brought the majority of the inmates into this institution, had not only a deep-rooted social

impact on people's lives, but was also intentionally imposed by the state to deter the wider population from becoming 'promiscuous' and simultaneously lock away the 'medicalised' 'social deviant'.

CONCLUSION

Fritz: [After reaching the legal age of 21,] [t]hen they send you to the outside, without a penny in your pocket. Where? No one of us knows that. No one wants former care children. Outside you are betrayed and sold. Then you go into the unknown—but your youth is gone.⁸⁹¹

Peter Martin Lampel, *Revolte im Erziehungshaus*, 1929

In his 1929 play, the painter and author Peter Martin Lampel criticised the conditions of the youth reformatories in the Weimar Republic—a fictional account based on his own experiences in the juvenile welfare system. In *Revolte im Erziehungshaus* [Mutiny in the Reformatory], Lampel used inmates' voices, as Fritz's statement in the opening quotation did, to expose maltreatments within, and the failure to reform the inmates in, these institutions.⁸⁹² Despite his NSDAP and SA membership dating back to 1922, his social-critical works were banned during the Third Reich, and in 1936, Lampel emigrated to Australia and later to the USA.⁸⁹³ His critique shows that the failure of workhouses to reform people and their social conduct was publicly debated and known to authorities since at least

⁸⁹¹ "Fritz: Dann schicken se dir raus, ohne einen Pfennig in der Tasche. Wohin? Das wissen wir ja alle nicht. Frühere Fürsorgezöglinge mag kein Mensch. Draußen bist du verraten und verkooft. Dann tippest du ins Ungewisse los—aber deine Jugend ist futsch [sic]". Peter Martin Lampel, *Revolte im Erziehungshaus* (Berlin: Kiepenheuer, 1929), p. 37.

⁸⁹² *Revolte im Erziehungshaus* took place in a Prussian reformatory, somewhere around Berlin and thus illustrates that these institutions were in a bad condition across the Weimar Republic, and revolts common in the late 1920s, as Leuben was not a singular case. Lars Herrmann, 'Straßen und Plätze in Leuben', *Dresdener Stadtteile* <http://www.dresdner-stadtteile.de/Ost/Leuben/Strassen_Leuben/strassen_leuben.html> [accessed 9 September 2016].

⁸⁹³ For a biography of Peter Martin Lampel, see Rolf Badenhausen, 'Lampel, Peter Martin', *Neue Deutsche Biographie*, 13 (1982), 460–61 <<https://www.deutsche-biographie.de/gnd118778560.html#ndbcontent>> [accessed 7 September 2016].

the 1920s.⁸⁹⁴ Nevertheless, the last chapter has revealed that people and authorities' mentality favoured those institutions locking away 'social disturbances' and thus postwar East Germany decided to continue this problematic legacy: medical and social 'treatments of the past' for its 'sexual and social deviants'.

This continuity that transgressed the proclaimed *Stunde Null* [Zero Hour or Year Zero] in 1945 in the particular form of medical memories and experiences was part of every chapter in this dissertation, questioning this historically and politically constructed watershed.⁸⁹⁵ The second chapter investigated the different ways in which doctors altered their past to establish an identity that was compatible with postwar East Germans' political framework and thus secured their social and professional position. With the help of the generational approach, this dissertation exposed the fact that the primary socialisation for each cohort, their medical memories, and their involvement in former political systems shaped their adaptation strategies in the GDR—such as their willingness to become a party member or socially active again after 1945. In this way, the analysis aligned itself with Fulbrook and others to offer a more nuanced picture of the transition of individuals of different age from war to postwar in East Germany. However, the second chapter went further than Fulbrook, arguing that the ability of a physician to continue his or her medical practice after the Second World War was a highly individualised negotiation between the person, the local community and authorities, as well as the state. In doing so, it has eschewed generalisations and contributed to the growing literature exposing the complexity of human behaviour. Here, the reason that doctors were able to continue their practice was often only possible thanks to the medical predicaments of the postwar era,

⁸⁹⁴ For example, a 1922's newspaper article already acknowledged the disputed results of Leuben as a reformatory. 'Ausschnitt aus dem Dresdner Anzeiger vom 21. April 1922': StA DD, Fürsorgeamt, 2.3.25, AV III Arbeitsanstalt, Rep. II: Anstaltsverwaltung, Section B: Die Organisation der Anstalt, Nr. 12, Bl. 57.

⁸⁹⁵ Bessel, *Germany 1945*; Christoph Kleßmann, '1945 – welthistorische Zäsur und "Stunde Null"', *Docupedia-Zeitgeschichte*, 2010 <http://docupedia.de/zg/klessmann_1945_v1_de_2010> [accessed 2 February 2017].

the protection of influential people, the difficulties of obtaining information about doctors, the lack of medical specialists, and thus the pragmatic de-Nazification process among the medical profession by occupation and local authorities. These conditions ultimately allowed incriminated physicians, former Nazi party members, but also fraudulent doctors to evade East Germany's de-Nazification and certification systems. In the following decades, the selecting, sanitising, and silencing of these medical memories and experiences by the doctor and the state was embedded in the Cold War struggle with the FRG. It became part of legitimization and international recognition strategies of both German states, as well as in the GDR's ideological claim of having established an 'anti-Fascist state'. Therefore, a Nazi doctor who carried out sterilisations or 'euthanasia' had no place in this narrative. In some cases, East German authorities decided to prosecute physicians, especially if they were not involved in the political system, judged as dispensable, and, moreover, 'stubborn' private practitioners. Nonetheless, the political situation and the established life and state narratives ultimately prevented the GDR from achieving a clear break with the past of the medical profession, as well as creating a 'socialist medical intelligentsia'.

This continuity of medical personnel paved the way for the continued existence of old medical and social treatments, which the third chapter has revealed for patients who suffered from STDs. Within these longstanding mentalities that shaped the medical treatment and resulting medical experiences of the infected people, it was the persistent gender-bias that stood out in the analysis of postwar East German health policies. The analysis has used Moser and Harsch's approach, describing East Germany's main health paradigm as 'medicalised social hygiene', but specified this for patients with STDs. In this process, this study has revealed that the concept has limitations: it might describe the state level, but fails to capture the diversity of mentalities, as well as the medical and social

concepts of these diseases at the local level. In this way, this chapter has been able to broaden the understanding of the societal mechanics in cities like Dresden regarding the curbing of STDs, as well as refute the claim that the centralisation of the SBZ overruled local agency of the authorities.

Despite state attempts to ‘de-gender’ STD prevention and treatment, the local attitudes of doctors and the general public prevented its realisation. The staff of the specialised health clinics for STDs mostly targeted the female parties to the sexual intercourse and used their position to employ medicine as deterrence for supposed ‘promiscuous’ women. Moreover, ambiguous categories like a ‘person with frequent promiscuous behaviour’ led to a system of denunciation within communities—in which females accused other females, neighbours accused neighbours, men accused women, and state officials accused local officials, and so forth—that, however, was welcomed by the state. It was recognised that even false denunciations served as a deterrence and thus supported the efforts against the diseases to the detriment of personal rights. In this way, many women experienced medical and social control that was similar to previous political systems.⁸⁹⁶ Additionally, the continuity of medical memories in the form of mentalities towards STDs was identifiable in show trials, health campaigns, and exhibitions in postwar East Germany. The street posters also featured the bias and drew attention to the woman who seduced the man to ‘immoral’ sexual conduct and thus was a source of spreading venereal diseases. In summary, this chapter has shown that authorities, doctors, and the general public used old medical and social treatments for denounced ‘fallen’ women not only to treat, but also to deter and educate them—an ethically questionable application of medicine.

⁸⁹⁶ Timm, ‘Sex with a Purpose’, pp. 242–43; For the similar situation in West Germany in the postwar period, see Foitzik, “‘Sittlich verwahrlost’”.

Nevertheless, alongside women, East Germany's 'war youth' was confronted with persistent medical concepts, moral judgments, and mentalities pre-dating 1945. The fourth chapter has clarified that the past of 'war children' was not treated medically, but used to legitimise the future of the East German state. By pathologising the social conduct of young people—emphasising the negative connotation and medical description of behaviour as a disease—authorities established a narrative that described the Nazis as the cause for the uprooted and morally corrupted children, and thus demarcated the new state from the Third Reich. This postwar narrative not only neglected the complex war experiences of hunger, loss, violence, and diseases that influenced the behaviour of the youth, but also denied their agency, such as the search for adventure and survival. As a result, state authorities excused the 'war children' from any involvement in the Third Reich and the Second World War, and placed all its hope upon this generation to become the future of the new, socialist society. However, this definition also included the condemnation of any 'socially deviant behaviour', which had the result that the stigmatised children were trapped in a perpetual social hygienic cycle of transfers between social institutions and care homes for re-socialisation purposes, such as the *Fürsorgeheim Leuben*. In this endeavour of pathologising social conduct, a 'para-medicalised' terminology evolved—which was derived from the medical memories and experiences of 'war children' and social hygienic and eugenic concepts of the past—that the state used to legitimise its interventions into 'asocial' families. This chapter has questioned this political strategy that employed supposed 'scientific' medical terms, such as 'trauma', to narrate and correct social phenomena: not least, as the elderly 'war youth' today depict themselves as a 'traumatised and forgotten generation' that initiated a discussion of 'victimhood', which critics view as a trivialisation of Holocaust survivors' sufferings.⁸⁹⁷ Therefore, the

⁸⁹⁷ For a critical analysis about the current debates, see Heinlein, 'Das Trauma der deutschen Kriegskinder', pp. 123–25.

analysis has contributed to the current public debate in Germany by differentiating the war experiences and their use by the East German state, as well as by the self-ascribed, and retrospectively constructed ‘war youth generation’ today.

The final chapter has been both a summary of all three main chapters and a case study that has illustrated the application of medical memories and experiences as a methodological approach. In the discussion, if the workhouse should be part of postwar East Germany’s future, this dissertation has identified that behind the established state narrative, people with their individual medical memories and experiences could be found who shaped the outcome of this political-motivated evaluation. However, the implementation of the state level’s decision and the subsequent policies were often limited by the local communities, conditions, and the buildings, like the layout of the *Fürsorgeheim Leuben*. This institution carried ‘memories’ engraved in its walls that shaped the inmates or staff’s experience of the place and space and the local population and authorities’ perception of the address *Altleuben 10*. As a result, people in charge at the local level, such as Superintendent Hofmann, tried to introduce their visions of society into this institution, derived from their medical memories of, and experiences with, reformatories in the past—a fact that reveals their agency in the postwar period in a supposed centralised state construct. However, different mnemonic communities in the form of Dresden’s Health, Justice, Police, Social Welfare Departments established their individual narratives of the workhouse’s purpose and utilisation to inhabit the ‘socially deviant’ child or the ‘promiscuous’ woman.

Despite its questionable past, every profession judged the institution’s existence as a necessity, but none wanted to take over sole responsibility, leading to constant conflicts and changes to the workhouse in Dresden-Leuben. The blurred responsibility distributed

among local authorities shaped inmates and staff's medical experiences inside the *Fürsorgeheim* and also opened limited opportunities for agency of the individual. The analysis has revealed that the life in this institution was removed from the state and local narratives. This finding proved the assumption that the latter were purely justifications of the workhouse's existence rather than a reflection of their actual contribution to society—as Goffman concluded, asylums and 'total institutions' like Leuben often just locked away, instead of reformed, those deemed to be 'socially deviant'.⁸⁹⁸ For the concept of medical memories and experiences, this final chapter has shown that all four levels—the state narrative, the mnemonic community, the institution, and the individual—are intertwined and that every level consists of individuals, either alone or in groups, whose medical memories and experiences shaped their social conduct, self-perception, and life-narration. Therefore, the analysis has contributed a case study of an institution to the ever growing body of research in medicine and space, as well as microcosm studies, revealing in the context of postwar East Germany continuity and change on the local level, often removed from the state level.

In his book *Asylums*, Goffman identified that an "apolitical medicine" does not exist and, instead, is always connected with moral judgements, which are an essential part of societies.⁸⁹⁹ This dissertation has identified the persistence of this fictional narrative of a 'neutral science' or the 'apolitical doctor' throughout its analysis. It was a strategy employed by physicians to justify themselves after the medical crimes, carried out throughout the Third Reich, and to preserve their societal position in postwar East Germany. Nevertheless, the claim of an 'apolitical position' was also the longstanding narrative of their mnemonic community, the medical profession, since the nineteenth century and thus legitimised the individual doctor's perception of being 'foreign to politics'. Furthermore,

⁸⁹⁸ Goffman, *Asylums*, pp. 69, 73.

⁸⁹⁹ *Ibid.*, p. 318.

the ‘para-medicalised’ terminology that East German authorities applied to describe ‘socially deviant behaviour’ is another example of how assumed ‘objective’ scientific terms and theories were used to provide a scientific legitimacy to public discourses. However, the issue is that the disease concepts are often ambiguous in the medical realm as well and rely on social definitions and indications, such as the social environment of a patient. The failure to acknowledge the social construction of, and the moral judgment implied in, diagnoses from the medical profession led to the misconception of authorities and the public that they integrated a ‘scientific’ terminology into their language to explain social phenomena, thereby shaping the medical experience and social treatment of patients with STDs. This dissertation has embedded postwar East Germany in the overall developments in medicine and society during the twentieth century. It challenged the historical watershed of 1945 by exposing continuity and discontinuities in local communities and individuals, who used their given agency and shaped their present and future with their knowledge of the past—their medical memories and experiences—and sought to achieve their goals within the possibilities of the given situation.

Appendix 1:
*Excerpt of the Four Generation Database*⁹⁰⁰

Generation A (1886–1895): The World War One Generation

Last Name	Name	DOB	Politically Involved before 1945 in					Politically Involved after 1945 in					Reference
			NSDAP	NSÄB	SA	SS	Other	SED	FDGB	FDJ	DSF	Other	
Brekenfeld	Friedrich	13/09/1887	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5749, Bl. 135.
Carriere	Reinhard	09/04/1891	YES	YES	NO	NO	N/A	NO	NO	NO	NO	CDU	BStU, MfS, HA XX, 5749, Bl. 164.
Claus	Martin	28/09/1888	YES	YES	YES	YES	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA IX/11, RHE 57/79 DDR, Bl. 12–16.
Hämel	Josef	18/11/1894	YES	YES	YES	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA XX, 5750, Bl. 133.
Katsch	Gerhard	14/05/1887	YES	NO	YES	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5751, Bl. 17–18.

⁹⁰⁰ Some names were made anonymous due to public and archival restrictions, especially for people, not in any political or public offices, born 1907 and later. Therefore, only the first two letters of the last name and the birth month and year are provided in the following in order to comply with the German Data Protection Law of the archives, i.e. BStU and BArch (restrictions until 110 years after birth, if the DOD is unknown).

Konitzer	Paul	01/02/1894	NO	NO	NO	NO	N/A	YES	NO	NO	NO	N/A	Schneck, Peter, <i>Wer war wer in der DDR?</i> (2009)
Krostitz	Alfred	17/12/1893	YES	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 7, Bl. 32.
Lammert	Hette	15/01/1895	NO	NO	NO	NO	KPD	YES	YES	NO	YES	N/A	BStU, MfS, HA IX/11, AV 4/74, Bd. 10, Bl. 5–8.
Linsler	Karl	10/05/1895	NO	NO	YES	NO	N/A	YES	NO	NO	NO	N/A	Schneck, Peter, <i>Wer war wer in der DDR?</i> (2009)
Neumann	Paul	04/07/1888	YES	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA IX/11, RHE 1/66 VRP, Bl. 93–95.
Rupp	Johannes	06/04/1891	YES	NO	NO	NO	N/A	NO	YES	NO	NO	LDP	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 9, Bl. 185.
Schenk	Johann	15/02/1895	YES	YES	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 357.
Schnurrer	Josef	21/06/1890	YES	NO	YES	NO	N/A	NO	NO	NO	NO	NDP	BStU, MfS, HA XX, 5752, Bl. 94–95.
Schwarz	Egbert	22/06/1890	YES	YES	NO	YES	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5752, Bl. 130–32.
Waßmund	Wilhelm	19/03/1894	NO	NO	NO	NO	N/A	NO	YES	NO	NO	LDP	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 5, Bl. 21.
Wedig	August	07/10/1891	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, AU 131/60, Bd. 1.

Generation B (1896–1905): The Weimar Generation

Last Name	Name	DOB	Politically Involved before 1945 in					Politically Involved after 1945 in					Reference
			NSDAP	NSÄB	SA	SS	Other	SED	FDGB	FDJ	DSF	Other	
Amon	Franz	04/06/1896	YES	NO	YES	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5749, Bl. 27.
Barthel	Karl	13/08/1905	YES	NO	YES	NO	N/A	NO	NO	NO	NO	NDPD	BStU, MfS, HA XX, 5749, Bl. 42.
Becker	Herbert	01/02/1900	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 41.
Dietz	Hans	13/04/1899	YES	NO	NO	NO	N/A	YES	NO	NO	NO	N/A	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 1, Bl. 61.
Gelbke	Carl	09/07/1899	NO	NO	NO	NO	KPD	YES	NO	NO	NO	N/A	StA Lpz, Stadtverwaltung und Rat, Nr. 1611.
Hebold	Otto	27/07/1896	YES	NO	YES	NO	N/A	NO	YES	NO	NO	NDPD	BStU, MfS, HA XX, 5755, Bl. 40.
Heißmeyer	Kurt	26/12/1905	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 16974, Bl. 1–70.
Henneberg	Hermann	31/08/1904	YES	YES	NO	YES	N/A	YES	YES	NO	YES	N/A	BStU, MfS, HA XX, 5750, Bl. 203–09.
Hielscher	Margarete	12/09/1899	YES	YES	NO	NO	N/A	YES	NO	NO	YES	N/A	BStU, MfS, HA XX, 5755, Bl. 343.
Hoffgaard	Willy	27/08/1898	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 39.

Kraatz	Helmut	06/08/1902	YES	NO	YES	NO	N/A	NO	YES	NO	NO	KUL- TUR- BUND	BStU, MfS, HA XX, 5755, Bl. 43.
Kuniß	Johannes	25/10/1904	YES	YES	YES	NO	N/A	YES	YES	NO	YES	N/A	BStU, MfS, AP 6338/77, Bl. 15–17.
Lemm	Karl	10/10/1900	NO	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 1, Bl. 23.
Lochner	Herbert	29/06/1901	YES	NO	YES	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA IX/11, AK 1453/75-1454/75, Bl. 4.
Marcusson	Erwin	11/06/1899	NO	NO	NO	NO	KPD	YES	YES	NO	YES	N/A	BStU, MfS, HA IX/11, AV 4/74, Bd. 11, Bl. 137–40.
Marquardt	Karl	24/01/1897	NO	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 1, Bl. 36–37.
Meyer	Wilhelm	30/04/1902	YES	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA IX/11, ZA I 7414, Akte 31, Bl. 2-3.
Nauwald	Karl	08/01/1904	YES	NO	YES	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA IX/11, AV 8/84, Bl. 126–29.
Neumann	Rudolf	13/11/1899	NO	NO	NO	NO	N/A	YES	YES	NO	YES	N/A	BStU, MfS, HA IX/11, AV 4/74, Bd. 14, Bl. 7.
Osselmann	Herbert	25/08/1904	YES	YES	NO	YES	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA XX, 5751, Bl. 323–24.
Pietzuch	Arthur	10/09/1898	NO	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, GH, 19/59, Bl. 1.
Pusch	Friederike	20/06/1905	YES	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA IX/11, RHE-West 178/2, Bl. 121.

Reichenbach	Erwin	01/08/1897	YES	YES	YES	NO	N/A	YES	YES	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 32.
Schneider	Johannes	09/02/1896	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, BV Leipzig, AOP 746/66, Bl. 185.
Schröder	Kurt	23/07/1902	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 44.
Schulte	Johannes	06/01/1905	YES	YES	YES	NO	N/A	NO	YES	NO	YES	LDP	BStU, MfS, HA XX, 5752, Bl. 117–18.
Steidle	Luitpold	12/03/1898	YES	NO	NO	NO	N/A	NO	NO	NO	NO	CDU	BStU, MfS, HA XX, 5752, Bl. 158–61.
Stolze	Martin	03/08/1900	YES	NO	YES	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA IX/11, ZA VI 654, Akte 24, Bl. 19–22.
Uebermuth	Herbert	18/01/1901	YES	YES	NO	NO	N/A	NO	YES	NO	YES	NDPD	BStU, MfS, HA XX, 5752, Bl. 225–26.
Velhagen	Karl	22/09/1897	YES	YES	YES	NO	NSFK	NO	YES	NO	YES	N/A	BStU, MfS, HA XX, 5752, Bl. 237–39.
von Kraus	Karl	12/09/1905	YES	NO	NO	YES	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5751, Bl. 122–23.
Wand	Aloys	23/07/1905	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 41.
Welcker	Ernst-Rulo	11/12/1904	YES	YES	YES	NO	N/A	YES	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 171.
Zwingenberger	Marianne	19/01/1896	NO	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	StA DD, 4.1.12, Dezernat Gesundheitswesen, Nr. 22.

Generation C (1906–1915): The Generation of Depression and Upheaval

Last Name	Name	DOB	Politically Involved before 1945 in					Politically Involved after 1945 in					Reference
			NSDAP	NSÄB	SA	SS	Other Party	SED	FDGB	FDJ	DSF	Other Party	
Albrecht	Rosemarie	19/03/1915	NO	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 333.
Anxxxxx	Alfred	xx/09/1912	NO	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA IX/11, RHE-West 203, Bl. 1–3.
Bexxxxx	Ernst	xx/02/1908	YES	NO	YES	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA IX/11, ZB II 4553, Akte 2, Bl. 2–3.
Bexxxxx	Carl	xx/05/1908	YES	YES	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA IX/11, ZA I, Akte 145, Bl. 1–20.
Blxxxxx	Fritz	xx/09/1909	NO	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA IX/11, RHE-West 178/2, Bl. 18–20.
Boxxxxx	Ulrich	xx/12/1908	YES	NO	NO	NO	N/A	NO	NO	NO	NO	CDU	BStU, MfS, HA XX, 5749, Bl. 115.
Dixxxxx	Klaus	xx/04/1911	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA IX/11, ZB II 4553, Akte 1, Bl. 2–3.
Döxxxxx	Ernst-Wilhelm	xx/10/1908	YES	NO	YES	NO	N/A	YES	YES	NO	YES	N/A	BStU, MfS, HA II/10, 1037.
Emxxxxx	Rolf	xx/08/1910	YES	NO	YES	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5749, Bl. 242–45.

Eßxxxxx	Hasso	xx/03/1909	YES	YES	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5749, Bl. 249.
Faxxxxx	Günter	xx/06/1913	YES	NO	NO	NO	N/A	YES	NO	NO	NO	N/A	BStU, MfS, HA XX, 5749, Bl. 266.
Fexxxxx	Paul	xx/09/1908	NO	NO	YES	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA IX/11, ZA I 7413, Akte 1, Bl. 2–3.
Fischer	Horst	31/12/1912	YES	NO	NO	YES	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 337.
Fuxxxxx	Heinz	xx/05/1911	YES	NO	NO	YES	N/A	YES	NO	NO	NO	N/A	BStU, MfS, HA XX, 5749, Bl. 311–14.
Gäxxxxx	Johannes	xx/03/1915	NO	NO	NO	NO	N/A	YES	YES	YES	YES	N/A	BStU, MfS, BV Dresden, AIM 1272/82, Bl. 21.
Gexxxxx	Herbert	xx/03/1913	YES	YES	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA IX/11, ZA 11858, Objekt 13, Bl. 4.
Grxxxxx	Fritz	xx/12/1907	NO	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, BV Dresden, KD Sebnitz, 4409, Teil 2, Bl. 292.
Grxxxxx	Hellmuth	xx/05/1908	NO	NO	YES	NO	N/A	NO	YES	NO	NO	NDPD	BStU, MfS, HA IX/11, ZUV 49, Bd. 1, Bl. 11–17.
Grxxxxx	Helmut	xx/08/1910	YES	NO	YES	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA IX/11, ZB II 5842, Akte 1, Bl. 12–13.
Grxxxxx	Erich	xx/08/1907	YES	NO	NO	NO	N/A	YES	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 341.

Guxxxxx	Hans	xx/08/1908	YES	NO	NO	NO	N/A	YES	NO	NO	NO	N/A	BStU, MfS, HA XX, 5750, Bl. 110–14.
Güxxxxx	Harry	xx/03/1912	YES	YES	YES	NO	N/A	YES	YES	NO	NO	N/A	BStU, MfS, HA XX, 5750, Bl. 104–05.
Güxxxxx	Horst-Günther	xx/03/1912	YES	NO	YES	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5750, Bl. 109.
Haxxxxx	Horst	xx/06/1911	YES	YES	YES	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 32.
Häxxxxx	Anton	xx/10/1913	NO	NO	NO	NO	NSFK	YES	YES	NO	YES	N/A	BStU, MfS, HA IX/11, ZA 12.212/55, Objekt 12, Bl. 4–7.
Haxxxxx	Walter	xx/12/1909	NO	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 1, Bl. 22.
Hexxxxx	Karl	xx/12/1908	YES	NO	NO	NO	N/A	YES	YES	NO	NO	N/A	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 1, Bl. 143.
Hempel	Hans-Christoph	15/08/1912	NO	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5628, Bl. 16–22.
Hoxxxxx	Herbert	xx/03/1910	NO	NO	YES	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 343.
Höxxxxx	Gerhard	xx/02/1914	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 1, Bl. 55.
Ilxxxxx	Gerhard	xx/12/1910	YES	NO	YES	YES	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 338.
Kaxxxxx	Alfred	xx/05/1915	NO	NO	NO	NO	KPD	YES	YES	NO	YES	N/A	BStU, MfS, HA IX/11, AV 4/74, Bd. 11, Bl. 12–13.

Korinek	Walter	19/04/1914	NO	NO	NO	NO	N/A	YES	NO	NO	NO	N/A	BStU, MfS, BV Dresden, AU 43/60, Bd. 1, Bl. 17–19.
Krxxxxx	Herbert	xx/05/1909	NO	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA XX 4244.
Lexxxxx	Gottfried	xx/06/1911	NO	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 348.
Loxxxxx	Anne-Marie	xx/04/1909	YES	NO	NO	NO	N/A	YES	NO	NO	NO	N/A	BStU, MfS, HA XX 5751, Bl. 201.
Marcusson	Hildegard	14/01/1910	NO	NO	NO	NO	N/A	YES	YES	NO	YES	N/A	BStU, MfS, HA IX/11, AV 4/74, Bd. 11, Bl. 137–40.
Mexxxxxx	Georg	xx/09/1908	YES	NO	YES	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX 5751, Bl. 240.
Mexxxxx	Gerhard	xx/07/1913	YES	NO	NO	NO	N/A	NO	NO	NO	NO	CDU	BStU, MfS, HA XX 5751, Bl. 247.
Mexxxxx	Herbert	xx/09/1912	NO	NO	NO	NO	SAJ	YES	YES	NO	YES	N/A	BStU, MfS, HA IX/11, AV 4/74, Bd. 12, Bl. 6–9.
Mixxxxx	Romuald	xx/08/1914	NO	NO	NO	YES	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 41.
Mixxxxx	Hildegard	xx/05/1910	NO	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, BV Dresden, KD Sebnitz, 4409, Teil 2, Bl. 279.
Munkwitz	Günther	13/03/1912	YES	YES	NO	NO	N/A	YES	YES	NO	NO	N/A	BStU, MfS, HA XX, 3828, Bl. 30–34.
Mustafa	Konstantin	05/08/1911	YES	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, BV Dresden, KD Sebnitz, 4409, Teil 2, Bl. 279.

Nexxxxx	Walter	xx/05/1911	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX 5751, Bl. 287.
Nixxxxx	Karl	xx/02/1908	YES	NO	YES	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX 5751, Bl. 294
Ochsenfarth	Elfriede	28/06/1914	NO	NO	NO	NO	N/A	YES	NO	NO	NO	N/A	BStU, MfS, BV Leipzig, AOP 746/66, Bl. 147–48.
Pexxxxx	Heinrich	xx/06/1910	NO	NO	NO	NO	KPD	YES	YES	NO	NO	N/A	BStU, MfS, HA IX/11, AV 4/74, Bd. 14, Bl. 10–12.
Rexxxxx	Wilhelm	xx/08/1907	YES	YES	NO	NO	N/A	YES	NO	NO	NO	N/A	BStU, MfS, HA XX 5751, Bl. 397–98.
Reckzeh	Paul	04/11/1913	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX 5751, Bl. 399–401.
Rixxxxx	Karl-Heinz	xx/03/1914	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 1, Bl. 160.
Rixxxxx	Friedrich	xx/10/1915	YES	NO	NO	NO	N/A	NO	NO	NO	NO	NDPD	BStU, MfS, HA XX 5751, Bl. 446–47.
Rißmann	Eitel-Friedrich	07/03/1906	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 355.
Roxxxxx	Walter	xx/10/1908	NO	NO	NO	NO	KPD	YES	YES	NO	NO	N/A	BStU, MfS, HA IX/11, AV 4/74, Bd. 17, Bl. 6–13.
Rühle	Otto	10/02/1914	YES	NO	NO	NO	N/A	NO	NO	NO	NO	NDPD	BStU, MfS, HA XX, 5755, Bl. 47.
Scxxxxx	Karl	xx/04/1913	NO	NO	NO	YES	N/A	NO	NO	NO	NO	NDPD	BStU, MfS, HA XX, 5755, Bl. 357.

Scxxxxx	Friedrich	xx/01/1915	YES	NO	YES	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 39.
Scxxxxx	Jürgen	xx/05/1911	NO	NO	NO	NO	N/A	YES	YES	NO	YES	N/A	StA DD, Dezernat Gesundheitswesen, 4.1.12, Nr. 22, Bl. 100.
Sixxxxx	Ernst	xx/04/1915	NO	NO	NO	NO	N/A	NO	YES	NO	NO	LDP	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 2, Bl. 5.
Stxxxxx	Ruth	xx/10/1909	NO	NO	NO	NO	KPD	YES	YES	NO	NO	N/A	BStU, MfS, HA IX/11, AV 4/74, Bd. 18, Bl. 7–8.
Stxxxxx	Albert	xx/09/1910	YES	NO	NO	YES	N/A	NO	YES	NO	NO	N/A	BStU, MfS, BV Leipzig, AOP 143/55, Bd. 2, Bl. 56.
von Cxxxxx	Hans-Horst	xx/08/1911	YES	NO	NO	NO	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 335.
Winter	Kurt	11/05/1910	NO	NO	NO	NO	KPD	YES	YES	NO	NO	N/A	BStU, MfS, HA IX/11, AV 4/74, Bd. 19, Bl. 7.
Zexxxxx	Wilhelm	xx/01/1907	YES	NO	NO	YES	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 381.

Generation D (1916–1926): The National Socialist Generation

Last Name	Name	DOB	Politically Involved before 1945 in					Politically Involved after 1945 in					Reference
			NSDAP	NSÄB	SA	SS	Other Party	SED	FDGB	FDJ	DSF	Other Party	
Adxxxxx	Johannes	xx/09/1923	NO	NO	NO	YES	N/A	NO	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 333.
Bergmann	Charlotte	30/11/1920	YES	NO	NO	NO	N/A	NO	NO	NO	NO	LDP	BStU, MfS, HA XX, 5749, Bl. 75.
Fixxxxx	Gerhard	xx/03/1920	YES	NO	NO	NO	N/A	NO	NO	NO	NO	CDU	BStU, MfS, HA XX, 5749, Bl. 279–80.
Garten	Johannes	20/08/1920	YES	NO	NO	NO	DJV	NO	NO	NO	NO	N/A	BStU, MfS, HA IX/11, ZA 7294, Objekt 13, Bl. 5–9, 21.
Hexxxxx	Franz	xx/07/1920	NO	NO	NO	NO	N/A	NO	YES	NO	YES	N/A	BStU, MfS, BV Dresden, KD Sebnitz, 4409, Teil 2, Bl. 291.
Hexxxxx	Wolfgang	xx/12/1918	NO	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, HA IX/11, AV 8/84, Bl. 126–29.
Hoxxxxx	Klaus	xx/09/1919	NO	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, BV Dresden, KD Sebnitz, 4409, Teil 2, Bl. 327.
Kexxxxx	Karl-Heinz	xx/09/1923	NO	NO	NO	NO	N/A	YES	NO	NO	NO	N/A	BStU, HA VII, 2125, Bl. 31–33.
Matthies	Hans-Jürgen	06/03/1925	YES	NO	NO	NO	N/A	YES	NO	NO	NO	N/A	BStU, MfS, HA XX, 5755, Bl. 228.

Mecklinger	Ludwig	14/11/1919	NO	NO	NO	NO	N/A	YES	NO	YES	NO	N/A	BStU, MfS, HA XX, 527, Bl. 354–57.
Ocxxxxx	Manfred	xx/01/1920	NO	NO	NO	NO	N/A	YES	NO	NO	NO	N/A	BStU, MfS, HA XX, 3364, Bl. 47–48.
Schwarzlose	Erich	28/08/1918	YES	NO	NO	NO	N/A	NO	NO	NO	NO	NDPD	BStU, MfS, HA XX, 5755, Bl. 144–58.
Voxxxxx	Karl	xx/07/1917	NO	NO	NO	NO	N/A	NO	YES	NO	YES	N/A	BStU, MfS, BV Leipzig, KD Leipzig-Land, 3738, Bl. 2–5.
Wixxxxx	Gerhard	xx/02/1919	NO	NO	NO	NO	N/A	NO	YES	NO	NO	N/A	BStU, MfS, AS 2453/67, Bl. 18.

Appendix 2:
Original German Quotations

Chapter	Page	Footnote	Quotation
1	16	4	“den anderen in den Rücken fällt”.
1.1	24	23	“zusammen mit starken Loyalitätsbindungen auch starke vereinheitlichte Wir-identitäten hervorbringt“.
	27	33	“Das Vergessen—ich möchte fast sagen: der historische Irrtum—spielt bei der Erschaffung einer Nation eine wesentliche Rolle, und daher ist der Fortschritt der historischen Wissenschaften oft eine Gefahr für die Nation”.
2	54	109	“Wertvorstellungen, Normen, Selbst- und Fremdbilder”.
	55	116	“daß die Arbeiterklasse Hegemon der bürgerlich-demokratischen Revolution sein muß”.
	56	118	“das Zusammengehen verschiedener politischer oder sozialer Kräfte zur Erreichung gemeinsamer Ziele auf Grundlage zeitweiliger oder dauernder Übereinstimmung von Interessen”.
2.1	63	134	“NS Belasteten beider deutscher Teilstaaten grundsätzlich eine überdurchschnittlich große Anpassungs- und Leistungsbereitschaft aufwiesen”.
2.3	77	183	“Eine Fahne oder Sichtwerbung [...] an seinem Wohngrundstück angebracht. [...] überheblich und unnahbar”.
	78	185	“politisch übler Nachrede”.
	82	202	“am Körper blutunterlaufene Stellen und am Kopf eine Wunde, die durch Herausreißen eines Haarbüschels entstanden war”.
		204	“psychopathischen Typ”; “Strafverfahren wegen Staatsverleumdung oder wegen übler Nachrede oder Beleidigung”.
		205	“Wahnideen”.
	84	211	“bedauerlichen Einzeltäters, der es geschickt verstanden hatte, sich in der Gesellschaft zu tarnen”.
2.4	88	219	“Ihr damaliger Vorgesetzter habe immer durchgesetzt, daß Ärzte weibl. Geschlechts nicht in das Geschehen der Euthanasie einbezogen wurden”.
	95	240	“dass ein Großteil der IM-Ärzte den Glauben erlag, ihre Kritik an eine einflussreiche und auch weitreichenden Einfluss nehmende Institution weitergeleitet zu haben”.
2.5	98	252	“Jeder in den Westen Abgewanderte [...] den Wert der Zurückgebliebenen”.
	99	255	“allmähliche Heranziehung auf der Basis der Überzeugung”.

	100	259	“jedes illegale Verlassen der DDR objektiv, unabhängig davon, ob derjenige es will oder nicht, ein Bekenntnis zum Westzonenstaat und dessen Kriegspolitik ist”.
2.6	109	291	“Tatsächlich bot die Integrationspolitik der SED gegenüber der ‘bürgerlichen Intelligenz’ auch NS-Belasteten bei entsprechender Anpassung einen nicht unbeträchtlichen Schutz vor Strafverfolgung”.
	110	292	“In der Begegnung mit dem Gesundheits- und Sozialwesen hat für den Bürger der Sozialismus Name, Gesicht und Adresse”.
	116	314	“ohne Aufsehen zu erregen und Unruhe zu schaffen”.
3.1	126	340	“Das Trümmerfeld des zweiten Weltkrieges erstreckt sich bis auf jenen Bezirk zwischenmenschlicher Beziehungen, wo diese sich am häufigsten realisieren [...], nämlich auf den des Sexuallebens”.
		341	“daß die psychisch mitbedingten Sexualstörungen nach dem Kriege offensichtlich zugenommen haben”.
	127	342	“gelegentlich auch in Haltlosigkeit versetzt waren und z.T. noch sind”.
		344	“Hunderttausende von jungen Ehen gestört, Millionen von jungen Männern in Kasernen, Arbeitslagern und beim Bau der strategischen Autobahnen zusammengezwängt und ihren normalen Verbindungen entfremdet”.
	129	350	“Krieg und Verkehr waren damals wie heute die Schrittmacher der Geschlechtskrankheiten”.
		352	“sozialen Zerrüttung”.
	130	355	“die infolge der auch damals noch bestehenden kalten Witterung geringere Möglichkeit des außerehelichen Geschlechtsverkehrs im Freien”.
3.2	136	372	“sind von alle Stellen zunächst ohne Rücksicht auf die Kostentragung durchzuführen”.
	137	373	“Der Kampf mit der Prostitution, der grungelgenden Quelle für alle Geschlechtskrankheiten [sic]”.
		374	“des gesamten Abwehrkampfes im Stadtgebiet Dresden”.
	138	376	“brauchen für die Diagnosen eine unzulässig lange Zeit”; “tragen überhaupt keine Verantwortung für die Maßnahmen zur Bekämpfung der Erkrankungen und für die Durchführung einer sachgemäßen Behandlung”.
		378	“Die Praxen von Fachärzten für Haut- und Geschlechtskrankheiten und notfalls auch von Allgemeinpraktikern sind hierfür heranzuziehen”.
	139	383	“Ambulatorien besserer Name als Beratungs- und Behandlungsstellen”.

	141	394	“zu öffentlich”.
	142	397	“Dennoch würde Sachsen eine Verschmelzung der venerologischen Ambulatorien mit den Polikliniken begrüßen, da dann der altbekannte und berühmte Name “Ambulatorium” wegfallen würde, der schon oft zu Beschwerden Anlaß gegeben hat”.
	143	399	“daß der Begriff ‘Ambulatorium’ nicht mehr tragbar sei, da allein das Wort Hemmungen bei den Kranken hervorruft [sic]”.
3.3	146	405	“von der Behörde erfasst [...] sowie vor der Zwangshospitalisierung”.
	147	406	“wegen fahrlässiger Verbreitung einer Geschlechtskrankheit”.
	148	409	“Die seit vier Monaten geübte Zwangshospitalisierung hat zur Folge, dass sich die Leute nach Möglichkeit der Behandlung bzw. Einsperrung entziehen”.
	149	410	“es widerspricht aber den Grundsätzen der Humanität wie der wirksamen Bekämpfung, wenn den Geschlechtskrankenhäusern eine Art Strafcharakter gegeben wird”.
	150	414	“auf Grund der derzeitigen Hospitalisierungsvorschriften auch sozial einwandfreie Patienten Aufnahme finden”.
		415	“akuter, dringlicher Notstand für die Familie, die Hausgemeinschaft oder das öffentliche Interesse”.
	151	418	“viel von ihrem Schrecken verloren”.
		420	“davor hüten, noch einmal geschlechtskrank zu werden“.
	152	423	“die Reglementierung richtete sich nur gegen die Verkäuferin nicht auch gegen den Käufer des Geschlechtsgenusses, führte daher stellenweise zu Korruption und Willkürakten”.
	154	432	“welche einen äusserst auffälligen Lebenswandel führen sollen. Die Kripo wurde beauftragt, [...] unauffällig 4 Wochen zu beobachten und in der nächsten Sitzung darüber Genaueres zu berichten”.
	155	434	“die Bezeichnung „hwG-Person“ nach vielleicht zu schnellen Urteil gefällt worden ist”.
		435	“nur die tatsächlich hwG-treibenden Personen im Sinne der geheimen Prostitution”.
		436	“?? stimmt diese Zahl”.
	158	448	“in sämtlichen Lokalen, auch den bestrenomiertesten, Grossrazzien durchgeführt worden seien und alle anwesenden Gäste zu einer Untersuchung im Ambulatorium gezwungen worden seien [sic]”.
		449	“planlos durchgeführte Grossrazzien nur zu einer Verärgerung der Bevölkerung führen und dadurch für die Bekämpfung der Geschlechtskrankheiten eher nachteilig wirken [sic]“.

	159	453	“In Schmidts Bierstuben war das Publikum derart, dass fast alle Frauen zur Untersuchung hätten mitgenommen werden müssen”.
		454	“viele Frauen verkehren, die offenbar durch herausfordernde Tänze Männer anlocken wollen”.
	160	459	“wurden unsere Massnahmen als undemokratisch und für den heutigen Staat nicht mehr passend bezeichnet”.
3.4	164	463	“die Hebung des allgemeinen Lebensstandards, die Beseitigung der Arbeitsunlust und der Arbeitslosigkeit, wie die Aufklärungsaktion für breite Bevölkerungskreise”.
	165	465	“Eine grosse Gefahr bilden die in die Provinz <u>fahrenden Berlinerinnen</u> . Es muss gründlich durchdacht werden, <u>wie man diese Frauen abfangen kann</u> ”.
		467	“Es handelte sich bei den 8 Frauen zum grossen Teil um asoziale Elemente, die einer wirklichen aufbauenden Tätigkeit aus dem Wege gingen, um sich auf diese Weise leichter ihr Brot zu verdienen [sic]”.
	166	469	“Nicht Müßiggang und Leichtsinn, sondern Arbeit soll von jetzt an das Losungswort für diese jungen Menschen heißen, sobald sie als geheilt entlassen werden”.
		471	“zeitfremde Prüderie”.
		472	“besonders typische Fälle”.
	167	473	“geeignete Frauen”.
		476	“die Handlungen der Angeklagten in den großen politischen und wirtschaftlichen Zusammenhängen”.
		477	“Beifalls- oder Missfallenskundgebungen”.
	170	481	“Threm Manne eine gute Kameradin zu sein”.
	171	483	“Wir können es nicht billigen, daß eine geschlechtskranke Person nur wegen ihrer Geschlechtskrankheit aus dem öffentlichen Gesundheitsdienst entfernt wird”.
		484	“charakterliche Minderwertigkeit oder sittliche Unzuverlässigkeit [...], oder wenn sie eine Schädigung des Ansehens der Behörde bewirkt haben”.
		485	“Dann ist der Entlassungsgrund jedoch nicht die Krankheit, sondern das unwürdige Verhalten des Angestellten”.
	175	493	“einer Verletzung von Sitte und Anstand”.
	180	503	“Die Verhütung und Bekämpfung der Geschlechtskrankheiten ist Angelegenheit der gesamten Bevölkerung”.
4.1	200	591	“Das Verschwinden der Schreckensgeschichten von Flucht und Vertreibung [...] ‚kommunikativen Beschweigen‘ der NS Vergangenheit [...] das sozialpsychologisch und politisch nötige

Medium der Verwandlung der Nachkriegsbevölkerung in die Bürgerschaft der Bundesrepublik Deutschland”.

4.2	205	600	“Vor den Kinderaugen enthüllte sich die unverstellte, die unbeschönigte Welt”; “Verendete Tiere sahen sie, zusammenbrechende Menschen, Wöchnerinnen, die am Wegrand gebaren; erfrrierende, ertrinkende, erschossene, überfahrene Menschen”.
		621	“Die Kinder litten unter den schlechten hygienischen Wohnverhältnissen; sie verfügten nicht über Seife, ihre Haut war schmutzig, verkrustet, voller Ungeziefer oder von Krätze befallen”.
	213	631	“zum größtenteil um mehr oder minder Schwachsinnige, wie sie schon zu normalen Zeiten sozial anfällig sind und jetzt besonders sich den Anforderungen nicht gewachsen zeigen [sic]”.
		632	“dem Erlebnis von Fliegerangriffen keine pathogenetische Bedeutung im Sinne einer späteren Entwicklung von Neurosen zukomme”.
		633	“die Theorie, nach der Neurosen auf Grund akuter psychischer Kindheitstraumen entstünden, verwarf”.
	214	635	“dumpfe Resignation”.
		636	“psychische Tragfähigkeit”.
	216	643	“Täglich treten bei der Jugendabteilung der Dresdner Polizei Jugendliche über 18 Jahre in Erscheinung, die ohne Unterkunft angetroffen sind”.
		644	“übel beleumundeten Gaststätten herumzudrücken und gelangen immer mehr unwillkürlich zu Schwarzhandel- und Schiebergeschäften”.
	217	650	“Jugendliche hatten bis zu 10 mal täglich Verkehr. [Bleistift: (14–18 Jahre)]”.
	651	“GV. (Geschlechtsverkehr) [Bleistift: in Gegenwart] vor Kindern hat bestanden, ist aber jetzt beseitigt”.	
	221	660	“Der Junge ist gebrechlich, leidet an spinaler Kinderlähmung und Krätze. Er drückt bereits die Eiterbeulen auf und geht unsauber um. [...] Der Vater des Kindes ist sehr hart, er schlägt den gebrechlichen Jungen oft wegen belanglosen Vorkommnissen”.
4.3	222	664	“Bereits unter den Jugendlichen bilden sich ausgesprochene Verbrecherbanden. Sittlichkeitsverbrecher, Menschen, die sich der Blutschande schuldig gemacht haben, Diebe, Einbrecher, Hehler, Schieber, Arbeitsbummelanten sind hier zusammengelassen”.
		665	“die durch solche Eltern nur gefährdet sind”.
	224	669	“die 12 Jahre der Naziherrschaft haben alle seelischen Hemmungen auf diesem Gebiet über den Haufen geworfen. Erst allmählich wird die Jugend wieder zu den Grundsätzen der Hygi-

			ene, der Achtung vor dem Mitmenschen und der Persönlichkeitskultur erzogen werden können, ohne die eine Kulturnation ihre Aufgaben nicht erfüllen kann”.
225	671		“krisenbedingte lawinenartige Anwachsen der Verwahrlosung, Kriminalität und der abnormen Erlebnisreaktionen [...] sich fast ausschließlich auf jene umweltlabilen, im Gefolge einer frühkindlichen Hirnschädigung entwicklungsgestörten und teilretardierten Kinder und Jugendlichen erstreckt”.
226	673		“die spontane Besserung nur bei einem geringen Teil ausbleibe”.
	674		“keinen signifikanten Unterschied”.
	677		“dass viele dieser Menschen ohne alle Liebe aufgewachsen sind”.
228	682		“Die Kinder entwickeln sich bereits nach einiger Zeit sehr zu ihrem Vorteil”.
	683		“Je älter die Kinder aber sind, umso schwerer ist dies und umso mehr zeichnen sich bei ihnen die Merkmale ihrer Umgebung ab”.
229	687		“keine Familien [...] sondern [...] ein Verbrechernes”.
	689		“klare Trennung zwischen kriminellen Elementen und Menschen erfolgen, die das Produkt der gesellschaftlichen Entwicklung sind”.
232	696		“sexual Haltlose mit gefährdeter Jugend, die der verstärkten Erziehung bedarf, in so enger Gemeinschaft—räumlich gesehen—stehen”.
	699		“Die Patientin [Maria Kunze], 16 Jahre alt, geschieden, 1 Kind, hat allein 11 Partner angegeben. Die [Maria Kunze] ist natürlich ohne Beruf und wurde selbstverständlich in die HWG-Liste aufgenommen”.
234	707		“unter den Jugendlichen der Landgemeinden ein offenes Geheimnis, daß man sich bei Geldknappheit durch den Verkehr mit homosexuellen Männern [...] leicht eine Geldaufbesserung verschaffen kann”.
	709		“daß diese Unsitte unter den Jugendlichen mehr und mehr um sich greift”.
235	715		“gefährliche Zeugen [...] degenerative Geltungssüchtige mit infantilem Gepräge [...] krankhafte Lügner und Phantasten”.
4.4	238	724	“Wir sind überfordert, alleine mit dieser kollektiven Traumatisierung fertig zu werden”.
		725	“Kollektive Traumata brauchen eine kollektive Trauer, nicht nur individuelle Aufarbeitung”.
	243	743	“Dass in deutschen Altenheimen der Zweite Weltkrieg tobt [...], ist grober Unfug”.

5.1	254	770	“zwangsweisen Unfruchtbarmachung keineswegs eine spezifisch nationalsozialistische Anschauung”.
	255	775	“unbedingter Fortschritt”.
	257	780	“enthält die Maßnahme des Arbeitshauses in seiner gegenwärtigen Ausgestaltung nicht nur keine nazistischen Elemente, sondern ist auch mit den demokratischen Anschauungen der Zeit durchaus vereinbar”.
	258	783	“Wir müssen sehen, daß sich die Frage der Prostitution und Bettelei durch unsere gesellschaftliche Entwicklung soweit erledigen wird, daß sie kein Problem mehr ist [sic]”.
5.2	263	794	“Wenn man die Verhältnisse in den Baracken kennt, führen die Siechen in Leuben und <u>es ist für wahr zu begrüßen</u> ein idyllisches Dasein”.
	264	801	“eine Einrichtung zur Verwahrung, Zwangsbehandlung und Arbeitserziehung Geschlechtskranker”.
	265	804	“Die Gefahr dieses Nebeneinanderlebens schwererziehbarer Jungen und mehr oder minder der Prostitution verfallener geschlechtskranker Mädchen bedarf keiner näheren Begründung”.
	267	806	“die zur Einweisung gelangenden Frauen und Mädchen sind uns wahrscheinlich sogar persönlich durch unsere Tätigkeit während der Zeit des Krankenhauses bekannt und das Personal ist mit den Eigenarten vertraut”.
		809	“200 Betten [...] für herumtreibende Mädchen”.
	269	816	“wobei die beste Gruppe die schönsten Aufenthaltsräume und die größten Freiheiten haben soll”.
5.3	274	829	“ <u>niemals aus Haushaltsmitteln der Justizverwaltung gedeckt</u> ”.
	276	836	“Dr. Hering geht von der irrigen Ansicht aus, daß er als leitender Arzt die Verantwortung für die Durchführung des Befehls 030 trägt [sic]”.
		837	“Das kann jedoch nicht Aufgabe eines Erziehungsheimes sein, die Schmutzarbeiten zu verrichten [...] für die G-Kranken, die dem Befehl 030 unterliegen”.
	277	840	“ein ewiger Kreislauf, der nicht auf medizinischem Gebiete, sondern nur auf dem Gebiete der Erziehung bekämpft werden kann”.
	279	846	“Wir können auf dem Gebiet der Gefährdetenerziehung und –betreuung der Entwicklung nicht vorseilen, da die entsprechenden Voraussetzungen noch nicht vorliegen”.
	280	849	“Sabotage und Spionage werden mit den verbrecherischsten Mitteln gegen den friedlichen Aufbau des Sozialismus in der DDR geführt”.
5.4	283	856	“Die Zustände in den Anstalten schildert Hauptreferent Müller als katastrophal”.

287	868	“Dem Personal ist die Unterhaltung mit ihnen nur insoweit gestattet, als der Dienst es erfordert”.
292	880	“da sie den liederlichen Lebenswandel stützten”.
	882	“befand sich <u>laufend in Heimen</u> und wurde <u>laufend aufgegriffen</u> und als <u>G-Kranke</u> unter Beobachtung gestellt”.

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